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THE
SICK POOR IN WORKHOUSES.

REPORTS
ON THE
NURSING AND ADMINISTRATION OF
PROVINCIAL WORKHOUSES AND INFIRMARIES,

By a Special Commission of the "British Medical Journal,"

WITH AN APPENDIX OF SUMMARIES OF THE ABOVE AND AN INTRODUCTION

By ERNEST HART, D.C.L.,
EDITOR OF THE "BRITISH MEDICAL JOURNAL."

*And a Statement in respect of the above made in the House of Commons
by the Right Hon. E. Shaw Lefevre, M.P., President of the
Local Government Board.*

FIRST SERIES.

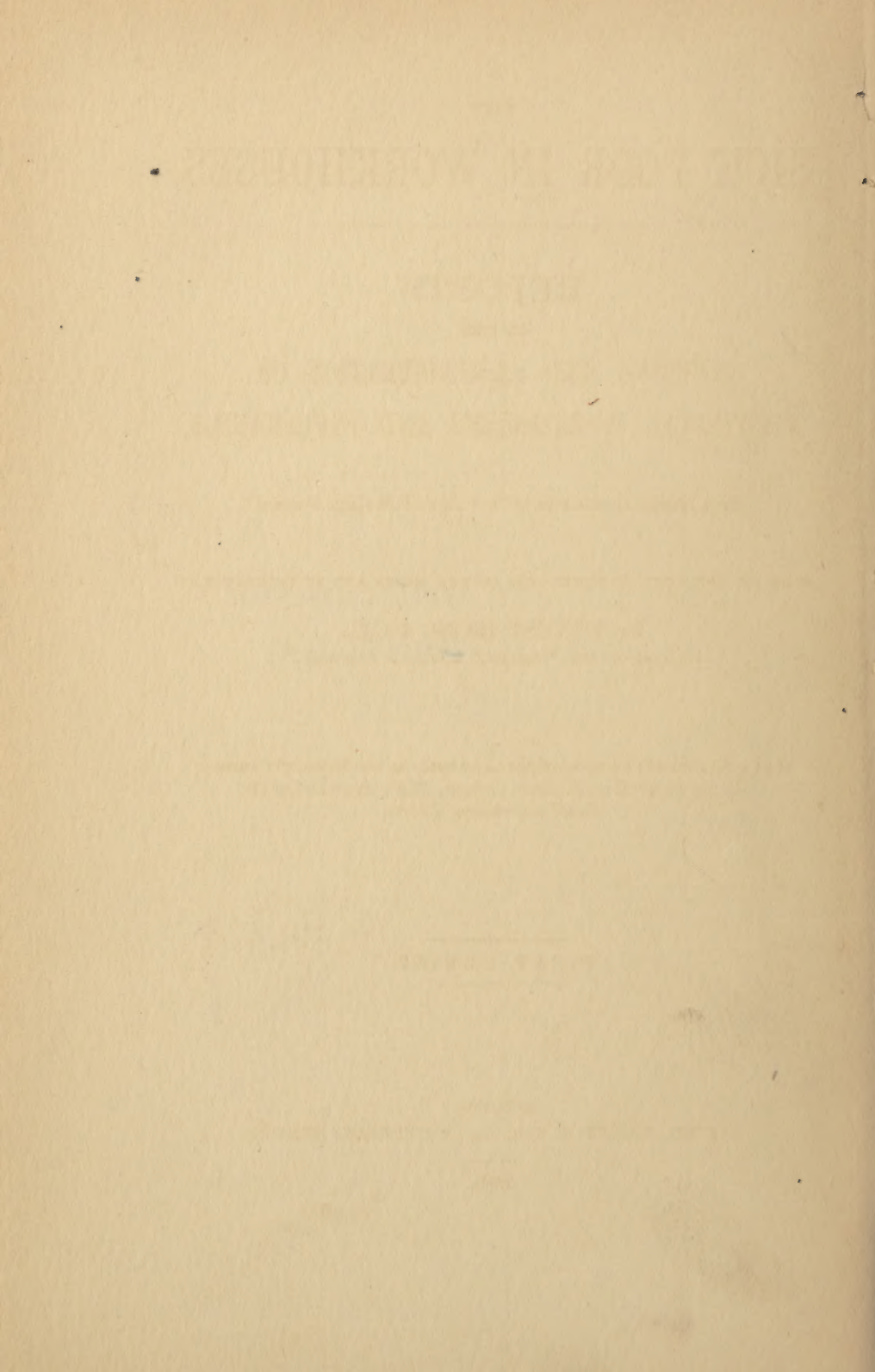
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THE NURSING AND ADMINISTRATION
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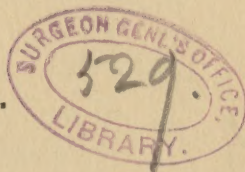
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INTRODUCTION.

(Being an editorial article of the *BRITISH MEDICAL JOURNAL*, Aug. 25, 1894.)

In a timely article in the *Westminster Review*, Miss de Pledge, matron of a large metropolitan infirmary, reviews the present treatment and nursing of the sick poor in the metropolitan and some of the larger country workhouse infirmaries. It is delightful to find how wide is the interval which separates their present condition from that which obtained in 1865, when the inquests on Gibson in the Holborn Workhouse Infirmary first attracted the attention of Mr. Ernest Hart, when acting as the co-editor of a contemporary, and led him to plan and initiate the inquiry, in which he subsequently obtained the assistance of Dr. Anstie, Dr. Rogers, and Dr. Carr. Then followed the publication of 50,000 copies of his manifesto on the "Hospitals of the State;" the formation of the Metropolitan Workhouse Infirmaries Reform Association; the great meeting at St. James's Hall; the giant deputation which he introduced at the Poor Law Board, and of which he was spokesman, to Mr. Villiers, then President; and the unprecedented and rapid revolution of public opinion which destroyed the old and barbarous systems of treatment of the sick in the infirmaries, and culminated within eighteen months in the passing of Gathorne Hardy's Act; the creation of the Metropolitan Asylums system; and the erection throughout the metropolis of separate infirmary buildings, administered as, what they are now admitted to be, "hospitals of the State." This phrase has since then become stereotyped in our literature: it represents what was then a new idea but has now become a commonplace. Then for the first time was accepted the principle of a common rate for London for sanitary purposes and for the sick, the first and fruitful step towards equalisation of rates and the recognition of the unity of London—as a whole.

Miss de Pledge points out with pride, and we read with a warm thrill of personal pleasure, the admirable conditions under which the great workhouse infirmaries of London are now administered—the kindness, the skill, and the success with which the sick poor within these great establishments are treated and nursed. No one will envy us the deep satisfaction with which we find it affirmed by a critical authority

that that great humanitarian movement, due solely to medical effort, *quorum pars magna fui*, has remained a permanent benefaction to the thousands of the infirm, sick, and helpless poor. Not only are they no longer neglected and made to endure cruel and unnecessary sufferings, but they are, as Miss de Pledge points out, as tenderly nursed and as well cared for as in the great metropolitan hospitals, which are the pride and glory of our city. It is delightful to find that an impartial critic is able to give such an account of these establishments as to show that the work then founded remains a permanent good, and one which has grown and developed during the quarter of a century which has elapsed. It is now in most respects and in many places as well, in London as in some of the great provincial cities—Manchester, Birmingham, Cardiff, Liverpool, and Newcastle—and in other large workhouse infirmaries scattered over England and Wales, a model for other countries and for other cities. It now only remains to complete the work by raising the provincial workhouse infirmaries generally to the same level of decency and of humanity in the treatment of the sick poor.

It will no doubt have come as a painful surprise to many, as indeed it has been to ourselves, to learn, as has been shown by the result of our recent inspections, and from the reports which we have already published and those which we have yet to publish, that the "straw sack" is still in use in some of our country infirmaries; that the untrained matron of the workhouse is accepted as the head of the nursing department; that the "assistant nurse" is still to be found receiving her £12 per annum; that the night nurses, even the untrained pauper helps so-called, are few and far between; that the unpaid paupers who are called nurses, and who wash the patients, change poultices, administer medicines, drugs, and have charge of the stimulants for the sick, are plying their task in numberless instances in the wards of the workhouse infirmaries. How they fulfil them, and with what results, the tragedies at Newton Abbot and at the Oldham workhouses bear illustrative testimony. We have found that the mixing up of the infirm, helpless imbeciles, and sick is the prevailing custom in the majority of these infirmaries. We have had twenty-eight years of further Poor-law inspection; but these abuses still exist, and few days pass but that in one country newspaper or another news is given of a catastrophe that has resulted from the want of trained nurses or proper appliances. We propose to make an end of them, and ask public help for the purpose.

It would be regrettable if, under the influence of anodyne reports of the great improvements which have been effected through the efforts of Mr. Ernest Hart and his contemporaries in the metropolitan workhouse infirmaries and those of the great cities which we have named, the public should now fold its hands and rest satisfied that all has been done that is required for the sick. The Local Government Board appears for a long series of years to have regarded these sad conditions and cruel neglects with silent complacency or gentle chidings at cases of scandal; it needs to be awakened from this supine satisfaction. What its inspectors have failed to stigmatise, and what the Board has been content not to know or not to alter, we are bringing weekly to public notice. At present, and hitherto, these strange and sad revelations, while happily awakening some local echoes and leading to partial improvements, are being received by the Board with silence, and by the public and the press, preoccupied with political anxieties, with a quietude which might be interpreted as indifference. The inspectors of the Local Government Board have apparently been occupied largely, so far as they have been moved at all by the reports of our commissioners, in suggesting apologies or insinuating exaggeration. We are well assured, however, that there will be a rude and probably a swift awakening. The public conscience will not be satisfied with little hole-and-corner reforms and local reprimands. The reports which we are week by week giving of the country workhouse infirmaries bring to light in every one of those which we have had visited one or more of the abuses to which we have referred existing in full vitality.

Almost everything that was accomplished by Mr. Ernest Hart and his colleagues for the sick poor in the great cities remains to be done in the country, and we must work on knowing no pause until this result is attained. It is absolutely necessary, and we demand in the name of all that is dutiful and humane, that adequate standards be laid down for the construction, the administration, and the nursing of the sick poor under the charge of the State in provincial as in metropolitan workhouses. There must be an end of all this cruel, wicked story of the sick, the infirm, and the bedridden. We are formulating these standards tentatively by recommendations in each infirmary. It will be for the public to insist and the Poor-law Board to require that they are fulfilled.

We demand—and we feel sure that the public conscience will support the demand—that there shall be a standard for the number of trained nurses in workhouses in proportion

to the number and the classification of the sick; that the necessary appliances, baths, closets, and dressing apparatus be provided according to a general scale; and that the provincial hospitals of the State be assimilated in standards of humanity and efficiency to those of the great cities. This is all the more necessary that, judging by their silence or their recalcitrancy, by their supineness or their obstruction, the legal and political gentlemen to whom, as "general inspectors," the supervision of the wards, the nursing establishment, the supply of hospital appliances, and the nature of the hospital administration has hitherto been officially left appear to be wholly unequal to the task and ill equipped for the responsibility—as, indeed, without reproach, they might be expected to be.

To the question which we have now often asked—who shall inspect the inspectors?—there has as yet been no reply. To this we must now add the further question—and take care that sooner or later a public answer shall come—Who shall appoint the inspectors, under what conditions, with what requirements, and by whose advice? It might be well, and it would be very agreeable to us as it would, we feel sure, be satisfactory to the public, and worthy of the Local Government Board, if it would now and at the present stage take this matter in hand on the basis of the information already furnished by the twelve reports which we have thus far published of the results of our inspection of as many workhouse infirmaries in the provinces, and with the aid of the further information contained in as many more reports which we have in hand, and of which we are ready at once to furnish to Mr. Shaw Lefevre the details. It seems to us surprising that this stereotyped machinery of influential deputations to the Local Government Board, and the public recital within the walls of its board room of the facts calling for inquiry and redress, should always be needed. It had to be gone through, with all the aid of public meetings and grand deputations, in order to bring about the reform of metropolitan workhouses. It cost our present Editor just eighteen months of hard work when such time could ill be spared. This was rewarded by the success of the effort, by much violent abuse, and speedy oblivion. We have just gone again through that ceremony, this time also with prompt and promising results in the case of the children of the State educated in barrack schools. Three months ago, when the subject of the Forest Gate School scandal was first brought before us and we began to deal energetically with this subject, the Local Government Board, with all its apparatus of secretaries, inspectors, and clerks, appeared perfectly contented

with the then existing state of things. In more than one instance it has even refused to allow cottage homes to be established at the guardians' expense, and it was on the eve of approving considerable additions to metropolitan barrack schools. In reply to the questions which were put in the House of Commons at the instance of Mr. Ernest Hart, as Chairman of the Parliamentary Bills Committee and as Editor of this JOURNAL, concerning the Forest Gate scandals, and the hardly less regrettable methods and results of the Local Government Board inquiry, the President of the Local Government Board—under the advice, no doubt, of his able permanent officers—gave answers indicative of nothing else than deprecation of any suggestion for the need of further inquiry, and treated the matter as a closed book. The advent to the Local Government Board of a great and influential deputation, and the printed memorandum previously placed in the President's hands and issued from this office, descriptive of the basis of demand for a full and ample public inquiry, first awoke Mr. Shaw Lefevre to an active sense of the necessity of giving something more than smooth and illusive replies in the House of Commons; and so within three months of our first raising the question in an individual sense it was developed into an urgent and organised public demand which no administrator could disregard. To this Mr. Shaw Lefevre, with a sensitive and humane instinct, has given effectual satisfaction by the appointment of a Committee of able and independent persons wholly freed from official influences. For this act and for the complete and graceful manner in which it has been carried out, much thanks are due to him. We trust—and we feel, indeed, no small confidence—that he will meet the demands which we are now putting forward as to the treatment of the sick poor in provincial infirmaries with the like concession. The Parliamentary recess is upon us, or it would certainly be obtained within a few weeks. Meantime Mr. Shaw Lefevre has time to set his house in order, and to agree with us—his friend and not his enemy—in the gate.

We hope that it may not be necessary again to besiege the doors of the Local Government Board at so short an interval with another deputation bound on a similar errand; but, however it may be necessary to proceed in order to obtain the public object which we have in view, we must not rest until a similar inquiry is set on foot for the sick as is now to be commenced for the children. In this labour we shall not pause, and we feel assured that the demand which we

are making on behalf of the public and of the sick poor is so just and so urgent that it cannot be resisted, and its satisfaction ought not to be long postponed.

STATEMENT MADE IN THE HOUSE OF COMMONS BY THE
RIGHT HON. E. SHAW LEFEVRE, M.P., PRESIDENT
OF THE LOCAL GOVERNMENT BOARD.

In the House of Commons on Thursday, August 23rd, Mr. A. C. Morton asked the President of the Local Government Board what were the requirements of the Board for the appointment of inspectors of the Local Government Board; what were the technical qualifications required; whether their duties included reporting on the nursing of sick poor in infirmaries, and the management of the hospital wards; how far they could be considered responsible for not having reported on the condition of things officially admitted to have existed at Oldham, Bath, and other provincial workhouse infirmaries, which were now known to be wholly unprovided with trained nurses for the attendance on the sick and aged people at night; and whether he was cognisant of the reports on this subject on twelve provincial workhouses and infirmaries in the *BRITISH MEDICAL JOURNAL*, all of them described in detail as disclosing cruel and shocking defects in the treatment of the sick poor.

Mr. Shaw Lefevre, in reply, said that no rules had been laid down as to the qualifications for the office of general inspector of the Local Government Board. During the last twenty years the officers appointed had, almost without exception, held office as assistant inspectors, and had thus obtained experience in the inspection of workhouses and other duties which devolve on an inspector. There were also two medical inspectors, one of whom acts in the provinces, and was associated with the inspector of the district in special inspection where the advice and assistance of a medical man was deemed desirable. It was the duty of the inspectors when they visited the sick wards of a workhouse to inquire as to their arrangements, ascertain from the inmates whether they had any complaints, and report to the Board the result of the inspection, and especially any matters which they considered required a communication to the guardians from the Board. They themselves dealt with many matters by direct communication with the guardians. He had read with great regret the reports which appeared in the *BRITISH MEDICAL JOURNAL*, and they were receiving his very careful attention. He had instructed an inspector to deal with them in connection with his visits to the work-

house, and when it appeared to be required a joint visit would be made by a medical inspector. He was aware that there were many unions in which the guardians still relied to a much greater extent than was desirable on the assistance given to nurses by pauper wardsmen and wardswomen, and the subject was one that was constantly being brought under the attention of boards of guardians. In several of the cases mentioned the nursing arrangements had been the subject of communications either by the board or their inspectors. Although much remained to be done, he was very glad to be able to state that there had been of late years a considerable increase in the number of nurses, and this to a large extent had been secured by the influence of the board and their inspectors. The importance of the questions affecting the care and comfort of the sick was fully realised by him, and he would give the whole subject his very careful consideration during the recess.

Mr. A. C. Morton asked how long it took the inspectors to discover the cruelties practised at the Brentwood Schools.

Mr. Shaw Lefevre said it was very difficult indeed to discover cases of that kind unless complaint was made to them, and very often the children were so terrorised that they were afraid to make a complaint.

Mr. A. C. Morton inquired whether the inspectors took any opportunity of seeing the children themselves.

Mr. Shaw Lefevre replied in the affirmative.

Mr. H. Hoare asked whether the inspectors ever saw the children after they left the schools.

Mr. Shaw Lefevre was understood to say that that had been done in some cases, but even then it was not always possible to ascertain the facts.

REPORTS

ON

THE NURSING AND ADMINISTRATION OF PROVINCIAL WORKHOUSES AND INFIRMARIES.

SPECIALLY REPORTED TO THE "BRITISH MEDICAL JOURNAL."

I.

Workhouse Infirmaries as They Were.—Foundation of the Workhouse Infirmaries' Reform Association.—The Workhouse Visiting Committee.—The Battle against Officialism.—Mr. Gathorne Hardy's Act.—Trained Nurses for Sick Paupers.

IN 1865 Mr. Ernest Hart, and subsequently Dr. Anstie and Dr. Rogers as his colleagues, initiated an investigation into the condition of the sick poor in the Metropolitan workhouse infirmaries on behalf of a great medical journal. Two cases of grievous hardship and neglect had awakened the public conscience, and Mr. Hart took the initiative in conducting an investigation into the state of the pauper sick, bringing to bear on the question those powers of patient research that are a matter of course to the medical man, and also the special knowledge of the requirements of the sick gained in hospital life. The Workhouse Infirmaries' Reform Association was soon after founded by the same gentlemen, taking as its manifesto an article in the *Fortnightly Review* by Mr. Hart on "The Hospitals of the State," of which 50,000 copies were reprinted. The labours of this Committee aroused the utmost interest, whilst at the same time it horrified by tale after tale of the greatest neglect, ignorance, and stupidity in the treatment of the sick, and of the total absence of anything like intelligence in their management. It was not that the country grudged the money necessary for the proper care of the sick, it was not that the guardians as a body intended the ill-treatment of the sick, it was not that the officials—master, matron, or others—were brutal or hard-hearted; the reports of the Association reiterate how every facility was given by the guardians for the investigation, how at times they showed with pride an infirmary "up to date," as they thought, where everything nevertheless was wanting for the treatment of the sick, and in many cases the officials are spoken of as humane

people doing their best according to their lights. It was ignorance, want of experience and knowledge, that was the cause of this neglect. In the report of the Commission are these words: "The guardians are by their experience and their position unacquainted with the primary facts and with the first principles which should guide the government of a hospital;" and again, "The present is a system of patch-work; originally no doubt the workhouses were intended for the sturdy vagrant and the ne'er-do-well, and partook largely of the nature of a prison; the care of the sick and feeble was an afterthought."

This was in 1865, but, previous to that date, much preparatory work had been done. Going back fifteen years, we find the Workhouse Visiting Committee had by their patient labours gradually been letting daylight in upon these grievous abuses. Until that time the workhouses had been as fast closed to the casual visitor as the prison, and very great difficulty was experienced by that band of women in obtaining permission to visit the inmates. The name of the energetic secretary of that body (Miss Louisa Twining) is now identified with the movement then commenced, which had for its aim the amelioration of the condition of the sick poor in the workhouses, and with her must be associated the surgeon of the Strand Union, the late Dr. Joseph Rogers, a man cast in a heroic mould, who fought his battle against officialism, ignorance, and apathy to the last. The education of the public mind had been carried on by pamphlets, letters to the press, meetings, etc., by any means that could be devised to lay facts before it, so that when these two ghastly cases of neglect and hardship were brought to light, they were but the match to the train of powder. It seemed inconceivable that such utter callousness to human suffering should be possible in a Christian country; that such gross neglect was to be discovered under the rule of men in all respects humane and enlightened; but there it was in all its hideous nakedness, and the worst of it was that these were no isolated instances, proofs of the breaking down of a system otherwise of fair utility, but that rather they were the result of the system of Poor-law management, and that similar instances could be multiplied in nearly every workhouse in the metropolitan area. We are a proverbially slow nation to arouse to enthusiasm or energetic action, but when aroused we are in earnest. As the result of the labours of the Association three public inquiries were carried on at as many London workhouses, Mr. Hart acting as public prosecutor; and deputations and public meetings were organised, the result of which was the introduction of a Bill drafted by Mr. Gathorne Hardy, the then President of the Poor-law Board, which is the origin of all the improvements that have been made in the metropolitan infirmaries. It provided for the erection of separate buildings for the reception of the sick, and ordered the classification of the sick in wards apart from the lunatics, imbeciles, able-bodied or infectious patients. Twenty-four sick asylums of the metropolis, which vie in fitness of appointment and in the necessary machinery with many of the voluntary hospitals, are the result of that Bill.

Whilst this agitation was at work around the pauper sick of London, the experiment of trained nursing for the sick in the workhouse infirmary was being actually tried in Liverpool;

in 1865, Miss Agnes Jones, of the Nightingale Training School, undertook the nursing of the vast establishment of Brownlow Hill Infirmary. In that quaint old building, where everything was most rudimentary, she proved the great advantage of skilled nursing from all points of view; we have but to turn to her life, with its graphic pictures of the difficulties she encountered, the hardships she underwent, and the excessive strain on mind and body, to realise what the task was. Agnes Jones, in three short years, gave her life for the work she loved so well; but the cause of the sick pauper was practically won.

There is one thing more wanted to make these great city infirmaries remunerative to the ratepayer, and that is, that they should be utilised as medical schools where the student might learn the treatment of the chronically sick—a class of patients which represents a large proportion of his practice, and of which, from the nature of his hospital training, he is often very ignorant. Within these walls there is an immense amount of teaching material that is quite out of reach, though the ratepayer has a more real claim on it than on the material placed at his disposal in the voluntary hospital.

The above retrospect brings us to the point at which we now stand—a point that leaves the bulk of the country work-houses in the more remote districts untouched. Much has been done in those large centres of population that resemble London in their circumstances to bring the infirmaries up to date, but of the conditions of the sick poor in the country we are comparatively ignorant.

The public conscience has recently received another shock from the revelations of the management of a country work-house, as the result of an inquiry held by the Local Government Board. The state of affairs therein disclosed differs in no particular from that found in many of the metropolitan infirmaries when Mr. Hart and his colleagues made their round.

If this be so, who is to blame? Surely that system must be at fault which makes such things possible, for whilst Mr. Gathorne Hardy's Act gave increased powers to those boards of guardians who sought for reform, it exercised no control over those boards who had neither the knowledge nor the experience to decide upon the requirements of the sick. This is evident to anyone who will wade through the pages of *Glen's Consolidated Orders*, wherein are many recommendations from the Local Government Board on the fitting management of the sick, quotations from Miss Nightingale's regulations for the training of probationers, suggestions from the reports of medical inspectors as to the proportion of nurses to the sick, and indeed an elaborate series of by-laws concerned with the relations of the officials to the sick; but the power of the Local Government Board to enforce the same is *nil* in the teeth of a non-progressive board of guardians.

The old prejudice that trained nursing is extravagant still remains there, and will die hard; to such we could commend the aphorism, "That work badly done, though ever so cheaply, can never in the end be economical;" and reiterate the opinion expressed after the results of the old system had been ascertained, "if, as we assert ought to be the case, all the infirm were medically treated, there would be a larger percentage of recoveries, and consequently, as before stated, an important saving of the rates."

II.

HATFIELD.

HATFIELD is a small country town, which owes most of its importance to the junction on the Great Northern Railway, and to Hatfield House, the seat of the Marquis of Salisbury. The workhouse is less than a mile from the station; it is an old house, and scattered in its arrangement. On the immediate right on entering the gate is the new block for the male infirmary; on the left are quarters for the vagrants and casuals; in the centre, some distance from the gate, is the main block of the house. The building is nowhere above two storeys in height.

We were received by the Master and Matron, who most courteously gave us every opportunity of seeing all parts of the house; and Dr. Lovell Drage, the medical officer, was kind enough to accompany us.

MALE INFIRMARY.

The male infirmary is a comparatively modern building. It consists of two wards holding twelve beds each, a day room, and an empty ward, used for lock or other isolation cases. In a small lobby close to the wards is a sink for washing up, and two fixed washing basins, over which are taps, but there is no water supply. Outside the entrance is the closet, which is on the earth principle, but there was no earth in it at the time of our visit; it was simply a metal pan to receive the evacuations, and, considering its faulty construction, it was a wonder it was not more unwholesome than we found it. The wards are bright and cheerful, and nearly square, about 18 or 20 feet; the bedsteads are 3 feet wide, and the bedding is either flock or straw, the latter being preferred for its cleanliness. Of those in bed, the only acute case was one of phthisis; the temperature chart over his bed looked very businesslike. Each patient has his or her bed card, with the disease, treatment, and diet written by the medical officer. The other two cases in bed were senile debility; the linen was clean, and the beds comfortable. There is no bath room, nor is any hot water supplied to any part of the building; we saw in one corner a small copper supposed to be heated by gas, but, as it was set quite close to an external door in a draught, it could not be kept alight, nor if the flame were maintained would there be much chance of the water being hot. There were a few movable baths about, but these are not on wheels; they have to be filled by kettles and baled in emptying; to give such baths in an infirmary is to make a mock of bathing. The only fixed bath that we saw was in the tramps' quarter, and it was large enough for a good-sized child to take a comfortable bath.

FEMALE INFIRMARY.

The female infirmary is in a line with the main block, and is located in some old cottages, buildings as unsuitable for the purpose as can well be imagined. On the occasion of our visit we found about half a dozen old women huddled round a fire in a small room about 10 feet wide by 20 feet or less

long. There were six beds in this ward, two of them being occupied by aged patients; the windows were small; there was no cross ventilation, but sliding shutters to admit the fresh air. On questioning the nurse she said that the foulness of the ward after the night was excessive; the only possible provision for their natural wants was the commode, and this was not emptied until the morning. The water-closet attached to the female infirmary was at a little distance out of doors, and to this they had to make their way in all weathers; moreover, this convenience was immediately under the window of the labour ward, and, though on the earth principle, was without that necessary deodoriser. This ward was in direct communication with the airing court, and the cold air easily made its way through the ill-fitting door. The bedsteads were the narrow 2 feet 3 inch frame, the ward not admitting the wider bedstead. The ward above had six beds in it, but at this time it was empty. The quarters for the nurse are in this block. The staircases are narrow and steep, and the impossibility of carrying a corpse down decently, or of bringing helpless patients out in the hurry of an alarm of fire, was painfully evident.

THE LYING-IN WARD.

The labour ward is a small attic about 8 feet square, with a proportion of the air space taken off by a sloping roof; there is a small fireplace quite inadequate to maintain a sufficient temperature in the depth of winter, and of but little use to the nurse. All slops and refuse must be carried down to the outside closet. The bedding was in a soiled condition, but the matron said that she was having new bedding made as fast as possible, and that she had supplied the nurse with mackintoshes; both she and the nurse had only recently been appointed. The only ventilation was from the window opening just above the convenience above named. We can hardly conceive that a board of guardians would acquiesce in this state of things, but wherever the difficulty of reform lies we trust that action will soon be taken either by the medical officer or the inspector to have them remedied. As long as they stand they are a disgrace to Hatfield, and if any deaths result from the low temperature of the ward, the board must be held morally responsible for them.

SANITARY APPLIANCES.

In making our round we came across another convenience, this time a water-closet, but without water; of course it was not sweet, and the matron told us that it was only by the liberal use of disinfectants that she was able to keep it even tolerably wholesome. The water that is used in the house and in the infirmary is pumped up by the tramps, though the town main passes outside the gates.

SYSTEM OF NURSING.

There is one trained nurse for these thirty-six beds, there is no night nurse, but in the event of a patient requiring more attention the matron divides the work with the nurse. There are no means of communication with the officials at night except by sending a pauper across the courts to the master's or the nurse's quarters, and the male infirmary is at

some distance from either. The cleaning of the wards is done by the wardsmen and women ; they have not been responsible for the nursing since the trained nurse came ; the old wardsmen who had been infirmiry attendant over twenty-five years had become quite skilled as a nurse.

ISOLATION.

There were no lock cases in at the time of our visit ; such cases are isolated in the small wards in the male infirmiry, and the same course is pursued for the insane, attendants being sent in from the town to take charge until removal to the asylum. We saw one imbecile on the female side, but she was quite harmless.

DIETS.

The medical officer has a free hand in diets, and the food given is suitable to their condition. The doctor receives a salary of £30 for attendance and drugs, and there is a separate fee for operations.

SICK COMFORTS.

The wards on the male side were provided with comfortable armchairs and—most unusual sight—a sofa ; on the female side there was no room in the wards for anything but the bare necessities. In the male wards we saw some screens, but so cumbersome that a nurse could hardly be expected to carry them. The airing courts are dreary prison-like yards, asphalted, the garden, with its wealth of flowers, being behind the house out of sight. We are at a loss for the reason why the sick poor are so carefully excluded from the use of the gardens ; it would surely relieve the monotony of their lives to be allowed to walk among the flower beds. In view of the deficiencies disclosed, we append the following

RECOMMENDATIONS.

To build a new female infirmiry contiguous to the male block, fitted with suitable appliances for sick nursing. The remodelling of the drainage and water supply. The employment of a paid attendant in the wards at night. To provide a communication with the officers' quarters for use at night. To build bath rooms in the infirmiry, with hot and cold water in them.

III.

ST. ALBANS.

THE next house that we visited was St. Albans, situated at a little distance out of the town, and standing on a slight elevation, with open space all round. The inmates are drawn from an agricultural population, and this class is low in intelligence, and enters the infirmiry at an advanced age. The building set apart for the sick is small, crowded, and unsuitable for its work, but the matron informed us that the guardians were contemplating the erection of the new infirmiry.

AT TIME OF VISIT.

The matron was most obliging in showing us over the infirmary and in giving us every information. The wards were rather empty, but when all the beds are occupied there must be overcrowding; they are small rooms, holding five or six beds and these wards serve as dayrooms, the meals of those patients who are up being taken in them. The dinner was being served when we were going round; it consisted of boiled pork and potatoes; it was well cooked, but the thick slices of fat pork could hardly be an appetising morsel for a sick man. Special diets are ordered by the doctor, such as fish, milk puddings, eggs, beef-tea: these we saw on the bed cards, and the matron informed us that milk and beef-tea was given to the sick at night, for they have their last meal at 6 o'clock.

SYSTEM OF NURSING.

In the infirmary there are two nurses, the senior being fully trained, and the assistant having had some experience in the infirmary work. There is no night nursing of any description, the usual wardman or wardswoman sleeping in the ward. In the event of a patient being seriously ill, the watches are taken by the two nurses; no patient dies unattended. There are fifty-eight beds in the infirmary, the heaviest work just now being on the male side; the cases included paralysis, rheumatism, bronchitis, and several of senile debility. The paupers help with the bed making, and wait on the patients, except those serious cases which are attended to by the nurses themselves, who also wash the patients.

The labour ward is small, opening out of one of the infirmary wards; it is not often used, and then principally for unmarried women.

CLASSIFICATION.

The imbeciles are kept apart; there is no provision for dealing with the insane, but in the event of a patient being uncontrollable, paid attendants are hired to take charge of the insane until removal to the asylum. There were no lock cases in the building at the time of our visit, nor is there any ward for their reception; such as may require isolation are kept in the receiving ward.

WARDS AND OFFICES.

The bedsteads were the miserable 2 feet 3 inch bed with a flock mattress and a proper supply of bedding, but we were pained to see the poor old people, many of whom never leave their bed, condemned to lie on a bed which was almost too narrow to turn round on; one big woman to whom we made this remark said they were most uncomfortable, and more easy to roll out of than to lie in. The bathrooms are on each floor, but from the overcrowded state of the infirmary they were full of a miscellaneous collection of articles, making it evident that they could not be frequently used. They were supplied with hot and cold water, and there was a good flush in the closets. There are no slop sinks, nor did there appear to be any convenience for emptying water except in the closet.

ISOLATION HOSPITAL.

There is an infectious hospital attached to the Union, at this time empty; it is provided with a disinfecting oven, but here we noticed that the important duty of placing the clothing in the receptacle is entrusted to a pauper. What is the use of having complicated apparatus, when they are rendered useless, or worse than useless, by neglecting to provide a responsible man to see that they are properly worked? Nor was the infectious hospital kept ready for the reception of patients; a nurse would have to be found, a certain amount of lumber to be removed, and the place cleaned up. It is a new building, so perhaps the guardians do not yet understand the use of their possession.

RECOMMENDATIONS.

That a new infirmary be built bringing the sick of both sexes under one roof, thus economising the nursing staff.

A paid attendant to be put on duty in the sick wards at night. The setting apart of wards for the insane and the lock cases. That a responsible officer be put in charge of the disinfecting apparatus, and that the infectious hospital be maintained in a state of efficiency.

IV.

BISHOP STORTFORD.

BISHOP STORTFORD is a country town of average size and standing, and is the centre of a large agricultural population; the union receives its inmates from a large number of hamlets, over a wide area. There is no hospital nearer than London or Cambridge, so that the sick among the working class must come into the infirmary if they require nursing, unless the case is so grave as to be sent to either of these places.

BUILDINGS.

The workhouse stands well on a slight rise, and is open on all sides. The infirmary is a separate building, and contains 44 beds on the male side, and 35 on the female side; to these must be added 33 beds in the fever hospital, making a total of 112. On one side the infirmary is open to a wide expanse of country; the wards are of varying size, the largest holding 11 beds; they are cheerful, airy, and well ventilated, having cross lights, and hit-or-miss ventilators in the cornice. The beds are wide, and the bedding is flock, feathers, or straw according to the nature of the case. Water and air mattresses are used in the infirmary for special cases.

CLASS OF PATIENTS.

The master and matron took us into every part of the buildings, and afforded every facility for a minute inspection. On the male side there were at least 8 patients who required careful nursing. There was a man with cancer of the jaw which had been operated on. The wardsman seemed to be responsible for his feeding and cleanliness, indeed he took quite a professional interest in his patient. In the larger ward a man was lying

with spinal disease who had no control over the sphincters; in the day he could be efficiently attended to, but at night, being dependent on pauper help, it was impossible that the wardsman single-handed could keep him clean. The matron said that on the bed being opened in the morning it was always in an unwholesome condition; this was inevitable under the conditions, and it spoke well for the care that the man received that he was free from bed sore; but his condition through the night is sad to think of. In the same ward was a patient recovering from bronchitis, and another crippled with rheumatism, a case of senile debility, and a case of dementia; to these add the aged and infirm in the smaller wards and we have a fair idea of the class of patients under the care of the nurse on the male side. On the female side the work was not so heavy, but as the midwifery patients are attended to by the same nurse, at times her hands are over full. The infirmary is always light as the warmer season comes on, but in the winter every bed is full, and often with acute cases.

LYING-IN WARD.

This ward opens out of one of the infirm wards. It contains 4 beds, and is attended to by an inmate who was midwife before the trained nurse was appointed; it has no separate offices, and the number of confinements is not great.

CLASSIFICATION.

There were no lock cases in the infirmary at the time of our visit; but there is provision for their isolation. We saw a few imbeciles scattered about among the other patients; there is a separate ward for the insane, with a padded room into which a violent patient can be put by the doctor's order, the more harmless are watched by the inmates until removal.

ISOLATION HOSPITAL.

The infectious hospital is a wooden building quite apart, but it is under the charge of the workhouse master, and its expenses chargeable to the workhouse. The wards are a series of huts suitable for their purpose, but otherwise it is crowded. We saw no place for the storage of the food but the bathrooms; the absence of such conveniences hampers the working and is quite unnecessary since the guardians were not limited in the space at their disposal. There is a small cottage holding 8 beds and this cottage takes in such patients as cannot be admitted into the wards; it is in the charge of a pauper and his wife. In this department there is the oven for disinfection; it is provided with a pyrometer, and the porter is responsible for bringing the apparatus to the right heat, but the pauper resident in the cottage places the clothing in the receptacle; we could not ascertain that the distribution of the articles inside the oven was supervised, and this important detail seemed to us of too much moment to be entrusted to a pauper. The old man toddled out with much pride to exhibit the oven. Another thing that struck us as being faulty was an open trough running behind the infectious block within a few yards; along this trough the sewage was pumped on to the land.

SYSTEM OF NURSING.

The fever hospital has a permanent nurse responsible for its cleanliness and preparedness, and as occasion requires other nurses are engaged for temporary work; as there were only a few cases of scarlet fever in the ward when we visited, the one nurse was working single handed. This nurse is fully trained; she is assisted by an inmate. In the infirmary there is one nurse responsible for the entire nursing of the sick; she is trained as a midwife, and has otherwise gained experience in general nursing; there is no night nurse, and all the service that the nurse cannot give is done by the paupers. In reply to our question as to the course pursued when a patient was too ill to be left untended at night, the matron informed us that some of the inmates were told off to sit up at night, or the nurse had to take the night watching. The nurse's quarters are in the infirmary, and there is a bell for use at night to the master's room.

PAUPER HELP.

Pauper help is very largely used in this house, for there are very few officers, and indeed considering the size of the building, and the number of the inmates (455), it was a wonder that the order was so excellent; a good spirit pervaded all departments, hence the officers had willing workers; but the matron told us that the supply of able-bodied women was so small that she did not know where to turn for inmates for the service of the house. This difficulty is increasing every year, and at the time we were going through the house all the available workers were taken up by the sick department.

The utmost was made of the inmates by keeping them to the work to which they were most accustomed. For instance we saw in the wards men and women who had served them for several years, and knew the routine, but taken at their best paupers can never be made responsible, and there is no margin for contingencies.

RECEIVING WARDS.

These are on each side of the hall close to the main entrance, and receive patients before they are seen by the doctor and classified; that for the women is attended to by an inmate, and that for the men by the porter. We saw a tramp in bed in the receiving ward; he was supposed to be resting, but he looked as though he would have been the better for regular nursing.

DIETS.

The sick are given such extras as the doctor orders, and on casting our eyes over the bed cards, we saw that extra milk was frequently ordered; the extras are fish, milk puddings, beef tea, and stimulants, and the matron informed us that milk, and beef tea, are served out for the night to the feeble ones. The "full diet" in the infirmary is 7 oz. of bread, $\frac{1}{2}$ oz. of butter, and 1 pint of tea, for breakfast, and the same for tea; for dinner 5 oz. of meat—it does not state whether roast or boiled, or of what nature—and 12 oz. of potatoes, vegetables, rice or pudding; the "low diet" is the same for breakfast and supper, with 4 oz. of meat, 1 pint of broth, 12 oz. of

potatoes, and 4 oz. of bread; arrowroot, broth or rice-milk may be substituted for meat in this diet. In this diet there is a deficiency of the material necessary for the repair of the body; the nitrogenous element is small, compared with the carbo-hydrates and the hydro-carbons. The same defect was in the children's diet, there is a large proportion of porridge, and very little milk.

WATER SUPPLY.

The water supply seemed to be ample; there was a good flush in the closets, and hot and cold water was laid on to the bathrooms. Each ward was provided with a closet near at hand for use at night; these were all sweet and clean at the time of our visit.

GROUNDS.

There are cheerful airing courts attached to each side of the infirmary, and besides the use of these courts, the infirm were allowed to walk in the extensive fields and gardens that surround the house.

RECOMMENDATIONS.

We were much struck with the efficiency of the management of this house, but at the same time we were convinced that the number of officers was too small, and we recommend that a paid attendant be put on at night in the infirmary, and that the receiving wards be under the care of a responsible officer, and that increased space be provided in the infectious block for the service of the same; that the sewage trough be diverted from the immediate neighbourhood of the block; that the disinfecting apparatus be put under the entire charge of a responsible officer.

V.

HAVERFORDWEST, SOUTH WALES.

It has rarely been our lot to visit a workhouse infirmary more unsuited for its purpose, or more ill-provided with all that is necessary for the comfort of the sick. The master readily acceded to the request of Dr. Williams, the medical officer, to show us the infirmary; but we must confess to a feeling of surprise that the matron, whom we only saw for a brief moment, did not respond to the master's suggestion that she should accompany us through the female department.

This union embraces a large extent of country, and takes paupers from sixty-six parishes; the town is the centre of a wide district.

BUILDINGS AND WARDS.

The workhouse is well situated on a hill, and has extensive grounds around it; it is an old house, and in every part is quite behind the times. It is built round four courts, which form the airing courts of the various departments.

There is accommodation for thirty-two sick, and there is besides a fever ward placed at the top of the house, at t

present time empty. The wards are of variable size, and are distributed on the ground and first floors; the largest is for eleven beds, and the smaller wards hold two or three beds; the arrangement on the male and female side is the same. The wards are dreary places, the walls dirty, washed over with dingy yellow colouring, windows on one side, only one fireplace at one end, looking bare of furniture for the sick.

The iron bedsteads are low and on them are three planks held by a crosspiece, not always laid close, and on this a chaff mattress about three inches thick. We saw the helpless bed-ridden old people lying on these beds, and they must have found them a sorry rest for their weary bones. There are about four spring beds distributed in the wards, but they have only the chaff mattress over the springs. There is no means of ventilation but by the windows, and, as the fireplace in some of the wards is small it is hardly probable that the atmosphere is changed in the night.

The system of warming is peculiar to this part of the country. "Culm," which is clay and anthracite slack kneaded into balls, is used in the grates; when quite alight it is red hot and must throw out a good heat, but it is slow in kindling and can hardly be of service for obtaining a fire quickly.

CLASS OF PATIENTS.

These are of the usual description found in the work-houses. On one of the spring beds there was an old woman with hemiplegia, helpless all but one hand and unable to turn herself; in the male ward was a fine man with erysipelas in his leg. On inquiring as to the treatment the "nurse" told us that he washed it for himself twice a day with Condyl's fluid, but that otherwise no dressing was used. We could not but think what a pity it was that more vigorous measures were not tried, since by a speedy curing of the leg the rates would be relieved of that man's keep. He was too long for his bed.

There were eight patients in bed in all in this part of the infirmary, including senile debility, rheumatism, paralysis, chest complaints, and old age, and several very infirm men and women up in the wards. We were shown a small ward with four beds in it, all occupied; it opened immediately from one of the yards, it was without a fireplace, and was lighted by one small window. This is the tramps' sick ward. We could not ascertain that any one person was responsible for attendance in this ward, and, if assistance was wanted in the night, the most able-bodied of the tramps would have to go some little distance before he could obtain it, as there is no communication bell.

SANITARY ARRANGEMENTS.

The sanitary appliances are quite rudimentary; there is no water laid on to the upper floors; the only conveniences for the wards are commodes, of which there are a few in each ward; one is placed outside on each landing, intended for use at night, that for the men being enclosed within a screen, that for the women being open. It can hardly be expected that these poor infirm folk will go outside the wards on a cold night, nor is it well that they should. The commodes in the wards are emptied after 6 in the morning. On going round the wards we saw some ordinary utensils about,

some of which were unemptied. The closets are all outside; they are simply cesspools, and some were very unpleasant.

The water supply is ample, and is obtained from wells in the courts. The pumps in each court discharge over troughs down which the refuse water is emptied.

There is only one fixed bath, and that is in the tramps' room; it is a small one, sunk in the floor, with a tap to supply hot water, but the cold has to be carried in from the yard. We saw no baths which could be used for the sick, and, as every drop of water must be carried up or down, it is probable that bathing is not largely practised in this infirmary; indeed, the patients and their linen did not look particularly clean at the time of our visit.

SYSTEM OF NURSING.

The "nurse" is untrained; she is solely responsible for the care of the sick and of midwifery cases; there is no night nurse nor regular pauper help at night. On inquiring how the helpless patients were attended to during the night, we were informed that they had to obtain such assistance as they could from the more able-bodied paupers who slept in the ward. As we found that bedsores were recognised as one of the usual ailments in the infirmary, it can be imagined how much help these paupers are able to render to each other. We pictured to ourselves the sad condition of these helpless old people, passing the long hours of the dark nights on their comfortless beds, uncared for, uncleansed, unbed. We say "dark night" because we have ascertained that all lights were removed from the wards after the patients are in bed, nor did we see any appliances for lighting the staircases or passages.

The labour ward is for two beds; it has no separate offices, and all refuse must be carried downstairs.

CLASSIFICATION OF PATIENTS.

There is no system of classification; we saw the imbeciles and "harmless lunatics" among the patients in the wards; one half-witted boy was busy serving the dinners. There were no lock cases in the infirmary, and we were informed that there were no isolation wards for offensive cases. The "harmless lunatics" appeared to be straying about where they pleased.

NURSERY.

On our way round the house we passed through the "nursery," a large ill-furnished room, the floor laid down with paving stones; there was a large table, two benches, two wooden cradles, a few chairs, the latter round a fireplace which was most insufficient to warm the room in the winter. In this room the infants stay with their mothers until they are 2 years old. There was a baby in each cradle, one looking very ill; its mother thought it was "sickening for something." There was no rug, or even a bit of sacking on which the infants might crawl; a more dreary place to be called a nursery can hardly be imagined. Though not properly coming within the scope of this inquiry, we mention this room as indicating the lack of a kindly and sympathetic spirit on the part of those responsible for the management of the house.

DIET.

The dinners were being served at the time of our visit. It was "broth day"; the broth, made of mutton and vegetables, both looked and smelt good, but it was served in wooden bowls which were black with age and grease. We tasted the bread and butter, both of which were good. We saw no bed cards in the wards, but the master informed us that the medical officer has a free hand in ordering extras, and that milk and beef tea are taken into the wards for the sick at night. As the last meal is given at 6 o'clock, and the first at 8 in the morning, it is necessary that the old people should have something to take in the night.

DAY ROOMS.

The day room on the men's side is used for sleeping purposes; there were four beds in it; it is also the tailor's shop where the male clothing is looked over and mended. It is a very small room, with one window, and at the time of our visit the floor was piled with clothing, and the air of the room was quite unwholesome. On the women's side the day room is not used for a sleeping room; it had one large settle in it, but no comfortable chairs or anything to make it homely.

On passing through one of the courts we were shown the disinfecting apparatus. It is a small galvanised iron box, like a good-sized tank, the lid broken at the edges, and having underneath it a tray for the fire; this was standing in a shed close to the closets.

RECOMMENDATIONS.

It seems hopeless to make any recommendation in the case of this infirmary. The building is unsuitable for its purpose, and the system on which it is worked is faulty in every particular.

VI.—BATH.

The workhouse stands outside the city on a hill surrounded by a large extent of ground, which is cultivated by the able-bodied. The infirmary, though in a separate block, is practically under the same roof as the workhouse, there being a short covered communicating corridor. It is licensed for 230 beds. The house is a very old one, the date, 1834, is inscribed over the door. It is built of Bath stone in the solid style of that part of the country, and its aspect is somewhat of a prison—high walls with asphalté courts. The plan of the main building is the shape of the letter Y, but so much has been added to it since it was first built that at the present time it is almost impossible to discern the original plan.

THE INFIRMARY.

These buildings are of ancient date and have no appliances for sick nursing. It is a two-storied building; the wards on the ground floor are dark and squalid in appearance; the first floor wards are better, but there is but little window space and no cross ventilation; the top floor is the brightest and the

airiest, the windows admitting of cross ventilation, but there is no ceiling. We can imagine the howlings of the wind, the draughts in those wards when a storm is raging, as it can rage over those hills. The water supply and system of distribution are inadequate, every drop of hot water for the infirmary use has to be carried from a boiler across a court. The matron showed us that a new boiler was being fitted near the women's quarters which she thought would be a great help in working the place. But when we remarked that hot water laid on to every floor was a necessity for a hospital she informed us that the objection to that was that the pipes would burst in the frost. Some of the closets are of the old pattern and some modern; they are well placed for the use of the helpless at night, but they are in immediate communication with the wards, having a cross ventilation; this would, to a certain extent, cut off the foul air from the wards if these windows are kept open by night as well as by day. The bath-rooms are few and far between, and have a cold water supply only. In one bath, that for the "eruption ward," the steam for the water is turned on for two hours thrice a week in the afternoon; otherwise all the hot water for the baths or for washing the patients is carried from the boiler by the inmates, and no hot water is procurable at night except by boiling a kettle. The staircases are steep and narrow, enclosed in walls. The ventilation is entirely by means of windows. The wards are warmed by fires and lit with gas. The walls and ceilings are colour washed and profusely adorned with pictures pinned on to the walls. The whole place wanted cleaning, but the matron informed us that the matter was in hand.

PATIENTS AND CLASSIFICATION.

When going round the wards in company with the matron and nurse we were struck with the large number of acute cases under the care of the guardians as compared with other infirmaries of a similar size. In the twelve wards there were, on a rough estimate, about sixty patients in bed, and the nurse informed us that there were twenty-four temperatures to be taken that evening, of which half or more she expected to be above the normal. Pneumonia has been and is very prevalent in the neighbourhood, to quote from the medical officer's report (Mr. Craddock, May 23rd): "Amongst others in the infirmary are 4 cases of pneumonia, 4 very bad cases of phthisis, 7 of heart disease, and 16 dirty cases—all requiring the most careful and tender nursing." We most fully concur in this statement of the class of patients in the wards. Besides those above referred to, we saw a woman with internal cancer—ill in every sense of the word, frail and wasted, with a face of great suffering; a bad case of hemiplegia; a man with cardiac dropsy, with a great deal of fluid in the lower part of the body; several men and women with ulcerated legs; besides the unvarying paralysis and bed-ridden cases, each of whom needs the same care as an infant if they are to be kept in a wholesome state. In the death-certificate book we noticed that in May and June there had been 14 deaths, only 2 of which could be attributed to old age, and the other diseases were pneumonia, cardiac rheumatism, or phthisis. In the children's wards there have been several cases of measles. The lock cases are treated in the ground-floor wards, and their wards have separate offices. The im-

beciles and idiots are in another part of the building, under the charge of paid attendants. In this matter and in the provision of separate wards for the sick children this Board sets an example that other boards would do well to follow.

SYSTEM OF NURSING.

To speak accurately, there is no system of nursing; there is one fully-trained nurse to "nurse" all these patients, and she has to help her two assistants, one who has been in the workhouse one year and nine months, uncertificated; the other, who has had only a scrappy training at an infirmary, supplemented by work as a draper's assistant, and a young girl, not trained, who held some other appointment in the house; the nurse is also the midwife. On inquiring from the nurse how much time she had for actual nursing, she informed us that by the time she had looked at the serious cases, made her notes, issued her orders to her subordinates, filled the medicine bottles, and looked through the wards, the time was gone. Under these circumstances it did not surprise us to hear that the paupers gave the medicine, or from the medical officers that a poultice had been left on a pneumonic chest for twenty hours unchanged, or from the nurse that the hours of work for the nurses began at 6 A.M. and ended at 10 P.M. Paupers are largely employed in the infirmary. Every ward has its inmate who is the wardsmen or woman; some of these are ancient inhabitants, well-meaning no doubt, but as useful in the ward as they would be in a glass manufactory. The patients are left in the charge of paupers during the night, two on the male side, one on the female. This latter "night nurse" is put to bed in the daytime in one of the wards that she minds in the night. The men are not treated to such a mockery of sleep; they are over in the house somewhere. The woman with internal cancer above referred to complains of the rough handling at night, but the pauper "night nurse" is not to blame. Such being the case, the nurse informed us that the assistants took it in turn to be called on alternate nights to administer the stimulants, and the doctor informed us that he had no guarantee that the extras ordered were given in the night, nor could there be any systematic feeding. It must also daunt a nurse to see the vast amount of work around her, and to know that she cannot do one tithe of it properly, especially with the help that is provided for her: we are not surprised to hear that the nurse has resigned. All the appliances for the hospital are on the same meagre scale; we were informed that there are three roller towels for the use of each ward, of about twenty-three beds; these are changed three times a week; there is one comb somewhere about for the patients, perhaps a brush; cleanliness under these circumstances is impossible. There are two patients with bedsores, and, considering the nature of the cases and the want of system in the nursing, we are surprised that there are so few.

THE MEDICAL OFFICER'S CONTROVERSY WITH THE GUARDIANS.

Mr. Craddock has brought this state of things before the Board in the strongest and plainest terms possible, and the readers of this JOURNAL will understand that any conscientious officer responsible for the treatment of the sick shrinks

from being a party to the continuance of such a state of things; but no amount of words will undo the grievous harm that is being done to the sick whilst it lasts. Poulticing in cases of pneumonia cannot be carried on in a regular manner; feeding in cases of typhoid fever would lack that regularity that constitutes its great value, and so on through all modes of treatment necessary in acute cases. We understand that a night nurse has been engaged by the guardians—one night nurse to 230 beds! She would have to be as strong as a donkey and as active as a flea if she is to see after that number of patients; nor do we see that there is any provision for the complication of the two serious cases requiring attention in opposite ends of the building. The medical officer lives a mile from the infirmary, and his house is not in telephonic communication with the infirmary, nor are there any bells of communication through the building.

THE BEDDING.

This is chaff for the dirty cases and flock in the general wards; the bedsteads are narrow, they have laths; the mattresses that are supplied are not of sufficient thickness to cushion the laths; the sheets were clean, also the blankets on the patients' beds. We did not see any screens, but the matron informed us that they had been ordered. The utensils in nearly all the wards were under the beds. There were hardly any cupboards, and we saw the medicines on the window-sills. The beds in some wards were crowded so that the nurse would not be able to attend to her patient without moving them.

THE LYING-IN WARD.

This ward holds four beds; there is no labour ward, and when, as happened lately, several women were in labour at the same time, some were confined in the general ward. This ward is an end taken off a long ward.

THE ISOLATION HOSPITAL.

The isolation hospital is in a distant part of the grounds, almost out of sight. We did not visit this building as it was closed. There are, we believe, four beds in it, and it is intended for patients from the workhouse. The medical officer, in the report above quoted from, states that in January last a man suffering from typhoid fever was nursed there entirely by paupers.

GENERAL REMARKS.

The rooms provided for the nurses are not good; the only sitting room (of course, poor things, they never sit) is the surgery, redolent of drugs, and we could not ascertain that any separate bath room or lavatory accommodation was set apart for their use. There are no slopsinks; the only place of that kind that we saw was a small fixed basin outside some of the wards, presumably for the officials to wash their hands. In the rooms where the wash-up for each ward was done we saw no convenience of sink, bowl, or other necessary. The matron informed us that she had five separate laundries under her charge for male and female, sick and able-bodied, and for the children; we mention this to show how very rudimentary the arrangements are in this house.

We should recommend that new infirmary buildings be provided; that twice as many nurses be engaged for attendance on the sick, not of necessity all fully trained; and that the nursing staff be put under the sole control of a matron, who shall also be a nurse; that the paupers be kept for the cleaning and the service of the infirmary; and that the doctor's residence be put in telephonic communication with the infirmary. In no other way do we see that it would be possible to create a satisfactory state of things for the sick; the existing infirmary is crowded, both in the wards and in the offices, and no amount of patching and remodelling would overcome the stubborn facts of structure.

VII.

BISHOP AUCKLAND.

BISHOP AUCKLAND is in the centre of the Durham coal pits, and draws its inmates almost entirely from that class of workers. Bishop Auckland is built over the coal pits, many of which are in the parish; the Bishop's castle stands on the borders of the town; the town itself is a quiet little country place, existing only for the colliers, and, as it is off the main line of rail, it does not attract many visitors.

THE WORKHOUSE.

The workhouse stands on the outskirts of the town, on rising ground. The infirmary is a separate block behind the main building. The medical officer (Dr. Wardle) was unable to meet us when we made our visit, but his place was supplied by the master and matron, who spared no pains in showing us the sick wards and other parts of the house. At the time of our visit the drains were being relaid, and the closets in all parts of the house were in the course of reconstruction with modern appliances. The master stated that the water supply was intermittent; but this was due to the source from which the water is drawn—the river Wear—and not to the machinery for distribution. The water is laid on to all parts of the building, and there are bathrooms on every landing with a supply of hot and cold water. Besides the bathrooms there are fixed basins outside the wards, but we did not see any slop sinks.

WARDS.

These are of varying size, and accommodate 115 patients, the average being from seventy to eighty occupied beds. The wards present a cheerful appearance to the visitor; they are adorned with pictures; there are strips of matting in the centre, plants, flowers, and newspapers for the inmates. In the large wards the fireplace is in the middle, the flue being enclosed; besides the fires there are hot pipes for the winter. We saw Tobin ventilators (not always in use, as in one ward the ventilator served as a shelf for books), openings in the ceiling, and open windows. As the wards were of all sizes, cross ventilation was the exception; some of the rooms were close and airless. Those on the female side are more modern.

the long ward with the windows on each side and fireplaces at both ends; but this shape is not popular with the inmates, not being home-like. The bedsteads are of varying width, but most commonly the full size, and there are about twelve that have spring mattresses; water and air mattresses are used for such cases as need them. The bedding is chaff, and on those beds that we turned down there was an ample supply of blankets; all was quite clean. In one ward—and to this we were taken last—we found four old women, one with hemiplegia, another blind, one old age, the fourth with heart disease; these formed a happy family; the matron, with a touch of humanity, had allowed them to set out their treasures and hang up their pictures in the room, so that it looked more like an almshouse than a workhouse ward; here we were expected to sit down and admire the work, hear stories about the portraits, and bring our news from the outer world; these patients all helped each other, and the whole made a pleasing picture of the possibilities of workhouse life under humane management.

THE PATIENTS.

But there is a darker side to this picture, and that we saw when walking round the wards and studying the cases in bed; some of them, cases requiring hospital care but being treated under such circumstances and in such surroundings is make such care impossible. There was one poor man in a corner of the large ward, whose days were numbered; if he had been in a hospital he would have received a large share of the care of a trained nurse, a suitable or varied diet would have been given him, a resident doctor would have been at hand to superintend the treatment, and this routine would have been carried on through the night; what was the reality? This dying man was to all intents and purposes being nursed by paupers, for though there is a trained nurse, at this time she was far away in another part of the building, and as we hovered at the bed the wardman was telling the matron of the progress of the case; we did not see anything near at hand in the way of food or drink, and at night that sick man would be left to the charge of the ward, all the occupants of which would be in bed. In that same ward there was an imbecile who spent his time in twisting his fingers until the knuckles were rubbed into callosities; he was the sole care of an inmate; the bulk of the patients in that ward were up where they lived as well as slept. The other patients in bed were a man with fistula, a severe case of heart disease, a man with pressure on the veins of the leg, consumption, paralysis, and old age; in all there were about twenty cases in bed on both sides. The doctor does any operation that may be requisite, as there is no hospital in the town. We saw one man who exhibited his leg with much pride; it had been a case of acute necrosis soundly healed, and he was shortly going out. There is no separate ward for the children. There is a water-closet close to each ward for use at night, and the usual lockers in the wards.

SYSTEM OF NURSING.

These 70 or more patients are under the care of one trained nurse, who is also the midwife; the doctor lives at some little distance, and if required in the night is fetched by an

aged pauper. The nurse's quarters are in the women's infirmary, and in themselves are very comfortable. There is telephonic communication from the wards, and the same system of communication is laid on to the master's house. Pauper help is largely used in this house, as indeed it must be if the sick are to have anything like attention, and when going round we formed the opinion that the matron held them responsible for their several charges. The nurse did not go round with us, nor could we see where she came in; but as she had only lately come, doubtless she was new to the place. There is no night nurse, the wardsman or woman do what they can in the night, and when any patient requires "watching" an inmate is deputed for the duty. The poor man dying of dropsy had not reached the stage of "watching." In justice to the management we must say that the utmost was made of the inmates, they are drawn from an intelligent class; and we felt that, given a more generous system of nursing, with better appliances, the recoveries would bear a larger proportion, and much of the pauper help could be dispensed with. The lying-in ward holds four beds, it has separate offices, and is fairly suitable for the work; it is under the care of a pauper inmate, who works under the nurse.

CLASSIFICATION.

As a matter of fact, there is no classification; the imbeciles and idiots were scattered all up and down the wards among the sane patients, but each feeble-minded patient had an attendant inmate in charge of him or her, and it was touching to see the interest they took in their simple-minded children. The lock cases are in small wards at each end of the infirmary, and there are separate offices for these wards. There is want of more dayrooms, especially on the men's side; there are dayrooms on the ground floor but not for the wards above. We could not judge of the airing courts, as they were in disorder through the drainage works.

DIETS.

The dinner was being served at the time of our visit. It was suet pudding with sweet sauce. The pudding was nice and light; the people said that they liked it; some of the patients were having boiled beef and potatoes; this also was properly cooked. The doctor is responsible for the extras, and, to judge by the bedcards, these were milk or beef-tea; the matron also made lemonade for those who could take it. Of necessity there is no systematic feeding through the night, and we wondered how that poor fellow with dropsy would manage to get through the night without any such alleviation. The hours of meals, as usual, are 8 o'clock breakfast, 12 for dinner, 6 o'clock for tea; tea is given in the sick wards.

ISOLATION HOSPITAL.

There is a separate block for the isolation of infectious patients; it appeared to us that the situation was not well chosen; it lies between the infirmary and the children's quarters, and being a low-storeyed building, it is in a well, and might in the event of a prolonged epidemic become a source of infection. It was empty at the time of our visit, and if in use it is in the charge of an inmate. It is complete in itself.

GENERAL REMARKS.

We were glad to see an ample supply of cushioned arm-chairs for the old people, and the women, both those in bed and those up, were wearing comfortable knitted hoods of a bright colour with flannel jackets or shawls. They are provided with dressing gowns and slippers for use at night. Both the master and matron evidently bestowed all the care and thought possible on the sick; the defects we noticed when making our round are those of the system, and not on the part of the officers. We would recommend that the guardians appoint two more nurses; a second for the day to take either the male or the female side, and one for duty in the whole building at night; this is the very smallest amount of nursing requisite, even if the infirm were separated from the sick and placed under the care of a paid attendant; for this being practically the only hospital, it receives many acute cases. With regard to the building, we would suggest that the present isolation hospital be taken for some other purpose—for the use of the feeble-minded, for instance—and that another infectious block be built in a more suitable situation. Altogether we were pleased with the humanity and care evident in the management of the house.

VIII.

CHESTER.

The workhouse is about a mile outside the city, the infirmary buildings standing behind the main block; these are in three parallel blocks connected by wide bridges. The latter form a pleasant airing ground for the patients, and comfortable benches are placed on them. One block is set apart for the imbeciles and harmless lunatics; one block accommodates the medical cases, the infirm patients, and the lying-in wards; and the third block has the surgical cases, some infirm patients, and the children. The male and female inmates are thus in each block, and a trained nurse is in charge of each block. The infirmary is returned as accommodating 247 patients, but this includes the imbecile block; the average is about 80 in each block, more or less. The blocks are entirely apart, there being no means of communication except by the bridges aforementioned.

THE SYSTEM OF NURSING

is a mixture of the trained nurse with pauper help; both the nurses whom we saw had received hospital training, but they could not attend upon 80 or more patients; hence the pauper inmate is requisitioned to supplement them, and the style of the work bore out that system. At night there is one trained nurse for the two sick blocks, and in each block there is a male and female attendant besides; these latter are paupers. We lay stress on these points, bearing in mind that just recently an inquest was held on a pauper who died under circumstances that aroused suspicion that his death had been caused by the rough treatment which he had received at the hands of his ward attendant. The jury returned a verdict of manslaughter. With that verdict we have nothing to do;

but we wish to emphasise the criticism of the coroner, who asked, "Is there no person here to take the night nurse's place when a person is dying in another ward?" and the commendation of the jury that "there should be an assistant night nurse in the hospital in case of emergency." When the nurse is in the one block she is as much away from the supervision of the other block as though she were in another street, and in her absence and before she could be fetched (for there are no communicating bells) there is time for any such tragedies to occur, the patients being practically in the hands of the inmates. In plain terms, the night nurse has to see after 160 patients in separate blocks. Pauper help is of necessity largely employed in this infirmary. We saw the wardsmen or women in each ward; from the evidence given at the inquest these inmates wash the patients "in a bowl, whilst he or she is seated on a chair at the bedside." So lax a system admits of accidents, and it depends entirely on the vigilance of the nurse to discover any mishaps which may have befallen the patients in her absence, unless attention is called to the matter by some courageous inmate.

THE WARDS

are small, the largest containing eleven beds; the others have six and four beds in them severally; this arrangement applies to both blocks. The wards are comfortable and home-like in appearance, the bedsteads of the full width, and the bedding is long straw, well filled, except where the nature of the case requires a water mattress, which the matron informed us was then supplied. The patients are classified as medical and surgical, the dirty cases being distributed among the other patients. The lock and itch patients are in a small separate block containing six beds for males and the same for the females. The master is responsible for the male patients, whilst the matron visits the female side of this isolation block. There is a labour ward having two beds; it struck us that the bed used as the labour bed was inconveniently small for its work. The women are convalesced in the larger ward. In the children's ward, which is on the ground floor, we found nice modern cots, and wool mattresses; these are a gift from a guardian who takes interest in the little ones. The ward looked cheerful and comfortable; it holds eleven cots, and has its separate bathroom and offices. There were very few children in at the time of our visit, and no severe case. A pauper is in charge of this ward.

THE PATIENTS,

of whom only a few were in bed, included a severe case of cancer of the face—this was dressed with sal alenbroth wool and gauze—it was most offensive and required isolation; a woman in an advanced stage of internal cancer; several cases of ulcerated legs; a man recovering from pneumonia; some cases of paralysis and of senile debility. We saw a hale old body whose beard recorded the age of 101; she was in full possession of her faculties, and was proud of her great age. The itch ward on the female side was given up to some children with measles; these were in the care of their mothers, and we could not ascertain that they received any care from the nurses; we saw one child on whom the rash was fully out, dressed, and in its mother's arms, the lower

part of its body was exposed to any chill, and the ward was not very warm though the day itself was so. That child was not being nursed in the hospital sense of the word, and no precautions were being taken to keep it in one temperature. When the doctor is required in the night a pauper is sent to the master, and he sends to call the porter, who is then sent off to the doctor, who lives nearly two miles from the infirmary.

THE SANITARY APPLIANCES.

are not up to date; the baths are movable, and stand on the landings, where they are used behind screens. Hot and cold water is laid on for ward use, but the bath water is heated by geysers, which the matron informed us were quite efficient. The closets are also on the landings, a step or two down, and at a little distance from the wards, so that commodes are in use at night. There seemed to be a sufficient supply of water. The bath for the children's ward is a fixed one. Gulleys are provided for the emptying of the large baths. There is only one day room, and that is on the men's side; the men are allowed to smoke in the wards, or on the bridges. The airing courts are of the usual back-yard style, but the bridges have to a certain extent superseded them.

RECOMMENDATIONS.

There is much in the structure of the infirmary that might be improved. The wards are crowded, and there is no ward for the separation of an offensive case or patient requiring isolation; day rooms are needed to relieve the wards of the more convalescent patients; bath rooms with improved closet accommodation are a necessity, especially in the lock and itch wards. Then the nursing staff is lamentably weak, we might almost say dangerously so, in the light of the late inquest. We would suggest that the pauper nurses be withdrawn, and that more fully-trained nurses be engaged, who should be assisted by a few probationers; that one nurse at the least be on duty at night in each block, and that the wards be placed in communication with each other, and with the master's quarters by means of a telephone or bells, and that a telephone be laid on to the doctor's house; that the isolation block should be placed under the care of the trained nurses, and that the whole infirmary be made into a separate department under a trained superintendent.

IX.

ABERYSTWITH.

It was quite refreshing to turn from the dreary squalor of the infirmary of Haverfordwest to the cheerful little infirmary attached to this workhouse. The matron took us round the wards, and showed the various departments with justifiable pride.

BUILDINGS AND WARDS.

The workhouse is in the town of Aberystwith; it is a cheerful-looking place, clean and well cared for; the wards have eleven beds on the men's side and seven on the women's,

The men's wards are of a good size, the eleven beds being in two rooms. The women's ward is crowded; the seven beds are in one room, while some of the necessary air space has been curtailed by the erection of a high wooden screen, so as to take off a passage.

The bedsteads are the usual width; the laths are covered with cocoanut matting, on which is the straw bed; these are filled with the long straw, and appeared to be quite comfortable. The labour ward is small; it has no offices, and all refuse must be carried outside. There is no receiving ward.

CLASSIFICATION OF PATIENTS.

There is practically no classification, as there are no separate wards for the imbeciles or idiots, and it seemed to us that there was a possibility of the imbeciles of both sexes mixing together, as the nature of the building hindered complete separation. There is no machinery for dealing with a case of insanity except by placing the patient in the fever wards. These same fever wards are utilised for lock cases, when such are under treatment, or for infectious diseases. At the time of our visit there were no patients in bed on the women's side and only two on the men's. One of these was very ill with consumption, and the other was a case of old age; there could be no doubt about the care bestowed on the sick as far as circumstances would admit.

SYSTEM OF NURSING.

The nurse, whom we saw, is not trained, but she was quite capable for the nursing in that infirmary, as she had had some previous experience, and her wards looked business-like and clean. A midwife is engaged from the town for the lying-in ward; no trained nurse is employed in the fever wards; the patients are placed under the care of an inmate.

SANITARY ARRANGEMENTS.

These are quite modern; all the closets are flushed automatically, except those on the sick landings, which are done by hand. Hot and cold water is laid on to the wards, but there are no bath rooms for the sick, though there is ample supply in the other parts of the house.

DIETS.

These are ordered by the medical officer, and are liberal. We saw milk on the bed cards, and the sick are allowed as varied a food as possible. The last meal is at 6 p.m., and the first at 8 a.m., which represents a long interval for sick people.

DAY ROOMS.

There are no day rooms for the sick, nor are the airing courts available for them; this is especially hard for the men, who must either smoke in the ward—a dangerous and unhealthy custom—or go into the able-bodied part of the house. The infirm on both sides are placed on the ground floor, and have dayrooms off their bedrooms. The garden at the back of the house is of very little use for the sick, as there is no means of keeping the sexes apart.

RECOMMENDATIONS.

The infirmary requires to be enlarged to give more space in the wards, especially for the women, and to provide wards for isolation.

Separate quarters for the imbeciles and idiots, and a safe ward for the detention of insane patients until their removal.

The provision of bathrooms attached to the wards.

A new lying-in ward, if possible further away from the living part of the house.

The employment of trained nurses for the fever cases.

The employment of a paid attendant in the sick wards during the night.

X.

WREXHAM.

THE Wrexham Union is in the midst of a populous district; though the number of square miles is not large, the number of parishes grouped in the union is nearly as high as any in Wales. We were therefore not surprised to find a large workhouse with its separate infirmary and nursing staff. An introduction from the medical officer of the workhouse, Dr. Davis, secured us a cordial welcome and ready co-operation on the part of the master and matron, who took us over the house with pardonable pride in its cleanliness and humane management.

INFIRMARY BUILDINGS.

The infirmary is in a separate block, two storeys high, standing open all round, the wards extending like wings, having windows on each side, thus securing ample light and ventilation, and the cheerful aspect that goes with these prime necessities for the sick. The wards vary in size; the larger, on the first and second floors, hold as many as twenty-six beds; the smaller, twelve, six, or three. There are no day rooms for the sick or the infirm. On the ground floor we saw some imbeciles and idiots in a day room, but on the upper floors such patients as were up were grouped round the fires, or were sitting by the bedsides. There is an ample water supply, hot and cold water laid on to every floor, with water-closets, sinks, and bathrooms, all of which were wholesome and clean at the time of our visit.

WARDS AND PATIENTS.

The large wards are arranged with beds on either side, having a strip of matting down the middle of the ward; there are lockers, pictures, plants, and armchairs; we thought the supply of the latter rather scanty, as a large proportion of the inmates are infirm old people; but the whole appearance of the wards was comfortable, and betokened wise and humane management. The bedsteads vary in width; the bedding used is long straw. Those we turned up were quite clean and amply supplied with blankets.

At this time of the year the wards are not full; there are sixty-two beds on the male side, and sixty on the female side, with about sixteen isolation beds in various parts of the infirmary. Each group of wards seemed to have a separate ward attached for isolation, which is used for any offensive case; in one such ward we saw a man with cancer in the mouth, kept apart because of the effluvia. On another occa-

sion these wards might be used for the controlling of an unruly patient, and besides the small wards there is a padded room, where a patient would be kept, guarded by inmates until removal.

We saw about ten inmates in bed; a woman with cancer of the breast, which was washed with boracic lotion, and dressed with the same ointment; another woman, who looked very ill, reported to have "some internal complication;" a case of rheumatism, a case of fits in a padded bed, paralysis and old age completing the number.

The lying-in ward is apart from the other wards, and has its separate offices; it is close to the nurse's quarters. The wards are warmed by coal fires and lit by gas.

SYSTEM OF NURSING.

There are two paid nurses, one on the male and one on the female side. The latter is a fully-trained nurse, and is the midwife; the former, though not hospital-trained, has had long experience in the work, and was reported to us by the matron as very capable in the management of her wards and patients; certainly in appearance her wards compare very favourably with the other side. There is no night nurse, nor as a rule are any inmates told off to sit up in the wards at night. The matron informed us that, when necessary, special paupers were employed as watchers; they had rest in the daytime, and some little extra tea or tobacco; the nurses were called up in the night if necessary. We asked what system was employed in the distribution of the paupers among the wards; the matron replied that when she found that an inmate was doing the work of the wards well, he or she was kept there unless proved guilty of unkindness towards the patients, in which case they were sent into the main building.

Such patients as can do so make use of the night stool or closet on the landing; the others are helped by the wardsmen or woman. The paupers make the beds, help with the washing of the patients, wait on them, and do the cleaning.

We saw a card over each bed, and temperature charts were in use; the card, probably that issued by the Board, was hardly precise enough in its arrangement; there was very little space for the diagnosis, treatment, or result; it could not serve as a record of the case.

CLASSIFICATION.

The imbeciles, idiots, and cases of fits are on the ground floor, the sick on the first floor, and the infirm on the top floor. We did not see any separate wards for the treatment of children, and to the best of our recollection we saw some infants on the lower floors. It does not follow that they were with the idiots, but the nursery quarters were not up to the mark, as there was no responsible attendant to look after them. Lock cases and patients with offensive disease are placed in the small wards off the larger ones.

DIETS.

The diets for the sick include soup, broth, rice puddings, and such extras as are ordered by the doctor; and milk or beef tea is left in the wards at night. We went the round at dinner time, when soup and bread were being served.

The matron informed us that she endeavoured to give the sick in bed such food as they could take, and they had tea extra in the afternoon for those who could take it.

RECOMMENDATIONS.

The tone and management of this house impressed us very favourably; the officers seemed to regard their charges as human beings to be cared and planned for. We would nevertheless recommend:

An increased staff of nurses for the sick, the employment of a night nurse, and the exclusion of pauper help in the actual nursing. The separation of the infants from the adults, the provision of special accommodation for them when sick, and of a paid official to take care of them. A paid attendant for the fit cases and imbeciles. Improved airing courts for the infirm; those now used are too much like back yards. More arm chairs and couches for the sick and infirm wards.

XI.

DARLINGTON.

The workhouse stands on the edge of the busy town, tall chimneys and whirling mills all around it. It draws its inmates principally from the town, with a small sprinkling from the country. The operatives are employed in weaving, which is the chief industry of the place; and also in the coal pits of the locality. The operative or skilled artisan is a very different inmate to the agricultural labourer, and the work that he does in the house is that of a skilled workman. In going round the workhouse we were struck with the greater intelligence of the faces of the inmates, especially of the men; among the women, the type of face, while indicating a higher order of intellect, betrayed coarseness and hardness of character. Having an introduction from the vice-chairman of the board, our request to see the infirmary department was readily acceded to by the master. We were sorry that the absence of the matron deprived us of the advantage of her escort.

BUILDING AND WARDS.

The infirmary is a detached block, standing only the width of a roadway from the main building; this entails the loss of a certain amount of light and air. The distribution of the wards is two long wards, holding 18 beds each, male and female, with smaller wards for four or six beds; the wards are on the ground and first floor. They have windows on each side, and the beds are ranged facing each other between the windows; the wards had a bright and cheerful appearance, with pictures, flowers, and other ornaments, the work, as we were informed, of the Ladies' Committee. At the time of our visit, which was in the afternoon, we found the wards rather empty, this being the slack time of the year in workhouse life. In the large female ward there were four patients in bed; one a child in a cot in the centre, suffering with gangrene of both legs, an offensive case for which iodoform was used; a pauper inmate was straightening the bed as we

entered the ward, and there was an unpleasant effluvium from it; a patient with consumption, whose temperature was taken night and morning, and charted; a woman with fits; and a case of senile debility. About three other women were in the ward, but the rest were in the day-room. On the men's side there were two cases of "bad legs," and one of old age, and the other patients were in the day-room.

The bedsteads are of the full width, the bedding is a cocoanut mat over the laths, and beds of flock or chaff, with an ample supply of blankets; such beds as we saw were clean and fit.

There are no wards for isolation, but there is a separate block called the isolation hospital, which we were told is condemned; it is not kept in a state of readiness for use, but the master informed us that a bad lock case would be placed in this hospital, and be nursed by the nurse of the infirmary. It has a complete set of separate offices, and it struck us that a little soap and water would soon make it serviceable; a tramp was in one of the rooms infected with itch.

SYSTEM OF NURSING.

The infirmary is licensed for 72 beds; that includes 12 in isolation hospital; there is one trained nurse, who is also the midwife; the nurse whom we saw had only been a week in the department, having succeeded a trained nurse who has left; she has pauper help—a wardsman or woman to each ward. During the night the inmates are supposed to help each other and such of them who can go out to the closets on the landings are supposed to do so. We did not see any provision of dressing gown or slippers for this nocturnal walk. One or more paupers would be told off to watch beside a patient seriously ill, or the nurse would be called up. The tramp isolated with the itch would be his own warder in the night. There did not seem to be any means of communication with the nurse's quarters, nor with the responsible officers for night use.

CLASSIFICATION.

In answer to inquiries, we were informed by the master that the only means of isolation was the separate hospital mentioned above; it is condemned, and therefore not put in order for the reception of patients. Besides this building, there is no means for the keeping apart of the lock cases; there are small wards in the infirmary, but we could not ascertain that the patients were classified in them. The imbeciles and idiots were among the patients in both the large and small wards. We did not see any ward for sick children; the child with gangrene referred to above was in a cot in the large ward. There is a lying-in ward of six beds with separate offices, where the mothers can remain until quite convalescent.

THE INFANTS.

The infants are lodged in rooms close to the women's quarters; the nursery is a small room, rather bare of furniture, but warm and comfortable. There were six infants in the room—three in cradles and three running about. They were in the care of an inmate, but the management seemed faulty, for their mothers could have access to them as they came to and from their quarters, and there was no means of

knowing whether the infants were properly and systematically fed. At night they slept with their mothers in small bedsteads. No bathrooms or separate offices were provided for the nursery. The poor little things looked as if they would do better under the care of a paid nurse. This department is supervised by the trainer, but her time is fully occupied with the care of the older children.

DIETS.

The diets are under the direction of the medical officer, but on analysing the dietary for the sick we were surprised to see how very little milk was allowed. On the "milk diet" the amount was $2\frac{3}{4}$ pints for the males, $2\frac{1}{2}$ for the females, and $2\frac{1}{4}$ for the children; this diet does not include pudding. On the "milk and beef-tea diet," 2 pints of milk and $\frac{1}{2}$ pint of beef-tea per male, the same for the females, and $2\frac{1}{4}$ pints of milk and $\frac{1}{2}$ pint of beef-tea for the children. The adults have a pint of tea and a pint of coffee besides, with 6 or 7 ounces of bread at breakfast or supper. In this diet there is not much to make or repair the human frame, especially in the case of the sick; but, though it does not appear on the dietary, the doctor can doubtless order extra milk for the night.

GENERAL ARRANGEMENTS.

The water supply is ample; hot and cold water are laid on to the ward landings and bath rooms; the fittings of the waterclosets are old, and the flush did not appear to be sufficient. There is the usual difficulty in keeping the paupers from soiling the baths. We saw some litter in some of the bath rooms, and the nurse complained of the wilful want of cleanliness on their part.

The wards are ventilated by means of windows; the ventilation of the ward where the gangrene patient lay was defective. There always is a difficulty in keeping sweet wards where there are a number of old people. The wards look bright with strips of brick-red linoleum down the middle, and there seemed a fair supply of arm chairs. The airing courts are yards with turf in the centre and a few bushes at the sides.

RECOMMENDATIONS.

The structure of the infirmary leaves little to be desired, but we would recommend: An increase of the nursing staff for the day, and the appointment of a night nurse; the separation of the idiots and imbeciles from among the sick and infirm; provision for the isolation of the offensive and lock cases; a paid attendant for the infants, and the provision of sleeping cots for them at night; bath room and separate offices for the nursery department; improvement of the ventilation of the wards by Tobin tubes or other similar method.

XII.

WAKEFIELD.

On arriving at Wakefield, we visited the medical officer of the workhouse, hoping that he might be able to accompany us to the infirmary. Unfortunately he was out of town, but

his assistant kindly telephoned to the master stating the purpose for which we wished to visit the infirmary, when an answer was immediately returned that we were welcome to do so.

INFIRMARY ARRANGEMENT.

The Wakefield Workhouse Infirmary is in two blocks, standing apart from but near to the main building. There is accommodation for 130 patients in all; in the main block are the general cases, and in the smaller block the offensive and lock cases are isolated. The lock patients are placed in small wards at each end of the block for offensive cases; there are 2 beds for the female and 4 beds for the male patients, having separate offices. In the general wards on the female side the bedsteads are of the full width, and the bedding is straw or flock according to the nature of the case; sometimes a water mattress is supplied to avert the danger of a bed sore. The nurse turned down such beds as we desired; they were all quite clean and were amply supplied with bedding. The wards are of various size, distributed through a two-storeyed building; they all presented a comfortable home-like appearance, with cushioned arm-chairs for the old people when out of bed; we did not see any couches. We were much pleased with the ample supply of nice handy rail-screens, some of which were shielding off a draught and others around beds whose occupants required quiet; they made a bright feature in the wards, with the coloured chintz cover neatly fastened on and easily removed. The system of ventilation is chiefly by means of the windows on the ground floors; on the upper floor there are also ventilators in the roof. We noticed that some of the beds were placed along the walls of the ward, the head of one to the foot of the other; this was allowed to economise space; but it seemed to us that the more healthy plan would be to have a bed or two less in the wards. On the male side some of the bedsteads are of the narrow width which should never be used in an infirmary; the bedding was the same as that supplied to the females.

ISOLATION BLOCK.

We were not so pleased with the appearance of these wards; there was a look of neglect in all their appointments, as though, because these poor creatures were helpless and, in workhouse language, "dirty cases," they did not need so much care as the other patients. We were particularly struck by the beds; these were of all sizes, the foundation being laths, over which was a thin chaff or straw mattress, not by any means sufficient as a cushion for the patients to lie on all day and night. The ward also lacked the look of finish that we saw in the other wards. Is it that these poor creatures are treated as naughty children who must be punished for their infirmity as for a fault? The wards themselves were gloomy; they wanted something to brighten them up.

SANITARY APPLIANCES.

Of these there is an ample allowance on each floor and to each ward for use at night; on each floor there is a fixed wash basin, hot and cold water; each set of wards has its bathroom. Here we found the wise precaution of having these kept locked, for the average pauper looks upon a bath-

room as a receptacle for all rubbish and as a place where he may do any washing of clothes, etc., that pleases him. The closets have a good flush, and were clean at the time of our visit, which was about 10 A.M.

THE NUMBER OF NURSES

employed to nurse in these wards is two; one nurse has the main block, and the second nurse the isolation block. The nurse in the main block has received hospital training; the nurse in the isolation block has been trained in a lunatic asylum. The board had just engaged one night nurse; her quarters were being prepared at the time when we saw the infirmary. The nurses took us round their wards and gave us every facility of seeing their work after we had been introduced by the matron. Pauper help is largely made use of in the infirmary; each ward—and there are about sixteen in the blocks—has its wardsmen or woman, and they do the nursing under the nurses; this follows as a matter of course, as it is beyond the powers of any nurse, however energetic, to attend individually upon over 90 patients. Until quite recently there was no trained night nurse; such an officer has now been appointed and will be responsible for the hundred or more patients scattered up and down in the wards. On conversing with the nurse in charge of the isolation hospital, she told us that the air of her wards when she came on duty in the morning was very foul. These poor bedridden patients being in the charge of inmates during the night, their beds were not properly cleansed, nor was the very necessary ventilation looked after by the inmates. Besides the usual duties of a nurse, each nurse has her laundry, for the working of which she is responsible.

THE PATIENTS

are the usual admixture of acute and infirm cases. We saw a girl up for the first time after pleurisy; her temperature chart showed an acute and somewhat prolonged attack; she had made a very good recovery. We saw a wardsmen who had pleuritic effusion; we should not like to say how many pints had been taken from the chest, but his recovery was excellent; there was no perceptible flattening nor deformity, and he stood up straight, with a good physique. There were not many in bed. We saw a case of advanced phthisis, rheumatism, and heart disease (the man had lain in bed for seventeen years; his skin was quite whole); a case of pneumonia recovering, paralysis, and several bad cases of old age; speaking from recollection about six of these were charted. In the isolation block, holding 40 beds, nearly every patient was in bed, and they all required the nursing of a child.

LYING-IN WARD.

This ward is in the house department, but the nurse of the infirmary is the midwife. She explained to us that when she is called over to this ward in the night she calls up a man and a woman for each side, and leaves them in charge whilst she is occupied with the confinement. There is accommodation in this ward for three patients, and it has a small ward attached holding two beds for convalescents. These wards have separate offices. There are no means of communication through the building for use at night; as before mentioned, there is a telephone to the doctor's house.

CHILDREN'S AND IMBECILE WARDS.

There is a nice ward for the children in the infirmary ; at the time of our visit this was occupied by little patients with whooping-cough ; they had plenty of toys and books for play. None of them were in bed.

The imbeciles are kept apart in a separate ward on the male and female side, but the communication between these and the other wards was quite easy.

DAY ROOMS AND AIRING COURTS.

There are no day rooms in the infirmary ; the airing courts are of the nature of back yards ; the patients are not allowed in the garden. We always feel great pity for the patients whom time after time we find kept to these dreary courts for their recreation ; four brick or stone walls, a few benches, the sky above them, and the asphalt beneath them ; how can they be any the better for fresh air thus doled out ?

RECOMMENDATIONS.

We have here a sick department as large as some of our smaller hospitals, with three nurses as the nursing staff. We recommend that the staff be doubled at the least, and that the infirmary be made use of for training purposes for probationers ; that the paupers be used for the ward service only. We heard that the board is purposing to build a new infirmary ; in this case, in all probability, it will be their intention to increase the nursing staff, and we hope that they will make the hospital into a separate department under its trained matron ; for with the amount of acute cases that are admitted in the year there would be ample material for the training of probationers in the first part of their duties.

APPENDIX.

SUMMARIES OF THE FOREGOING REPORTS FROM THE "BRITISH MEDICAL JOURNAL,"

TOGETHER WITH EDITORIAL AND OTHER COMMENTS.

The Sick Poor at Hatfield.

MOVED by the recent disclosures of still continuing scandals and defects in the treatment of the sick poor in certain provincial workhouses and infirmaries, the Editor of the *BRITISH MEDICAL JOURNAL*—Mr. Ernest Hart—has set on foot an investigation, by a specially appointed Commission, into the nursing and administration of some of the smaller institutions. Since the investigation of Mr. Hart and his colleagues, Dr. Anstie and Dr. Rogers, in 1866, which led to the creation of the Metropolitan Asylums and the reorganisation of the workhouse system of treatment of sick poor, there has been an extensive and progressive reform in these respects, not only in the metropolis, but throughout the country, and many of the great provincial workhouse infirmaries are models of comfort and good management. But evidently there are others—as at Newton Abbot—where much remains to be done before the requirements of humanity can be held to be fulfilled. Beginning near home, our Commissioner reports this week as to the Hatfield Workhouse Infirmary. The first impression is nearly always pleasing, and Hatfield was no exception. The bright flowers, the neat walks and well-swept approach, polished brass handle and knocker, give an idea of cleanliness and attention to detail, and a step across the threshold confirms this idea; there is the common appearance of official cleanliness characteristic of an institution. Turning aside from the main entrance to the infirmary department, the men are found lodged in a modern block near the gate; the females are at some distance in makeshift quarters of three old cottages. This at the outset struck us as faulty in management, for the one nurse responsible for the sick nursing cannot be with the men and in reach of the women, or *vice versa*; and as it is impossible to guarantee that the one sex shall not interfere with the nursing of the other, the nurse, presuming that she is anxious to do her utmost for the sick committed to her care, at times will be distracted at the hopelessness of the task before her. Taking into consideration that all the help at the disposal of the nurse is such as can be given by the inmates, this system of nursing may break down at any minute; it can bear no strain. On looking in the so-called women's infirmary we were dismayed at finding it draughty, crowded, ill-ventilated, and

quite unprovided with the necessities of sick nursing. In the lower room, about 20 feet by 12 feet, there were six beds, a table, a few chairs, and a night stool; two women were in bed and four huddled round a small fireplace; the door, an ill-fitting one, opened on to the court, the windows, such as are seen in small cottages. Up a narrow stair a similar ward above. It might be necessary to escape from an alarm of fire down that stair or there might be a corpse to be brought down; the aged sick could not safely be brought down, and a dead body could not be handled decently. The lying-in ward was a disgrace to the infirmary, a miserable attic without any conveniences, a small fireplace, a small window, and no appliances for the nursing of such cases. All sanitary arrangements were quite elementary. We saw earth closets without earth, waterclosets without water, these all being outside, a sanitary precaution which was their only redeeming point, only we wondered what befel the infirm or sick in inclement weather or at night. The only apparatus for heating water (the heat being gas) was, with an amusing innocence, placed in a lobby close to an external door frequently opened, and was a small boiler sufficient for one bath of moderate capacity. We are not pointing out these defects in a captious critical spirit, but with the sincere hope that the public will look into these matters themselves, so that when the guardians ask for powers to make such improvements as are imperative public opinion shall be ready to endorse their action.

St. Albans.

It will be observed from the third report of our Special Commissioner, that here is to be found an old house, of which everything was made that was possible, but the infirmary buildings are very unsuitable for their work; the wards are small and crowded, and because there are no day rooms the absolutely sick, those really ill enough to be in bed, can never have quiet or refreshment, for the inmates who are able to be up have no separate room for meals or recreation. The visit was paid at the dinner hour, which was being taken in the small wards by the infirm as well as the sick. In the winter, when there is no outlet into the airing courts, the atmosphere of these wards must be anything but wholesome. We were glad to hear that the guardians are contemplating a new infirmary, and, as they have a good site, they will have the opportunity of building one of modern construction, male and female under one roof, with suitable quarters for the nurses in the centre, and wards for isolation and classification. There is certainly a spirit of progress in the St. Albans Board of Guardians; the number of nurses compares favourably with other infirmaries of the same size; but with the curious forgetfulness of the needs of the sick which is doubtless due to inexperience in sick nursing, there is no provision made for the night. These old people may be well cared for by day, but at night the door is shut, the lights are turned down, and helplessness, sickness, old age, paralysis are left to each other's tender mercies for at least one-third of the twenty-four. The fact that no catastrophe has occurred is due to good fortune and not good management. When the new infirmary is built—nay, before—we hope the guardians will provide the sick with wider bedsteads; those we saw when going through

the wards were not wide enough for a full-sized man to stretch himself or to turn round in; the sick are thus denied that simple relief from weariness, a change of posture. Then there is the infectious hospital, a neat little compact building, but in want of that human machinery that would make it complete. The infectious hospital cannot do its work efficiently until it has its staff of responsible officers. These are a few of the details in the working of the infirmary which would be evident to a visitor going through the building, and when they are fully grasped, then public opinion will call urgently for these necessary reforms; in the meantime we would suggest that the ratepayers of St. Albans make opportunity to see how the sick poor are housed and nursed.

Bishop Stortford.

It will be seen from the report of our Commissioner on the Bishop Stortford Workhouse, published at page 1367, that attention was particularly directed towards the part called the infirmary, the wards for the infirm and sick, for these helpless inmates may safely appeal to the sympathies of all visitors, their condition is so sad, and so much may be done to alleviate the hardships of their lives. The sick are treated with humanity and consideration; the wards are bright with sunshine, pictures, and plants, and it was a pleasant sight to see the old people seated round the fire in comfortable arm-chairs; the women with soft bright-coloured shawls on their shoulders, some working, knitting, or mending, and the men spelling their slow way through a magazine or newspaper. In bed were some sad cases of helplessness—complete paralysis, spinal disease, cancer, bronchitis—such illnesses as overtake the aged poor when their day's work is over; but we felt sorry to see that the nursing staff was so inadequate to cope with these old and sick people; kindness and thoughtful care they had, but it is quite beyond the power of one nurse, however capable, to do all that could be done for over seventy patients more or less ailing, more or less helpless; and though some of the inmates were able to help in the attendance in the wards, still it was not nursing. At night there is no one to wait on them, or to help them in their necessities, but an inmate sleeping in the same ward. We have no reason to think that they are not kind and helpful, but it is a makeshift for skilled attention, and the night must be dreary and painful to many a bedridden inmate in the dark silence of the ward. A small hospital in the grounds is used for the infectious cases. It is a nice little building, but it was a pity that when it was built a little more space was not allowed for offices, etc. Here was a trained nurse, and at the time of the visit she was in charge of some scarlet fever patients. In "the cottage"—a little house planned to take the overflow from the hospital—was an old man and woman who are responsible for keeping it ready for patients; the old man also puts the clothing into the oven and attends to the ambulance. The guardians may well be proud of the ambulance—it is so well founded and fitted for its work; but the old gentleman looked hardly competent to be entrusted with the important duty of disinfecting clothing. Altogether our Commissioner was much pleased; still, we would recommend

a larger staff of officers, a night nurse, an assistant by day, a responsible officer over the infants and children, and a responsible man for the infectious department; indeed, it seems that the whole of the isolation department should be taken over by the rural sanitary authority, as it is impossible to carry out all the details of disinfection with the aid of paupers. Also we would recommend that the channel conveying the sewage to the land should be diverted from the immediate neighbourhood of the isolation hospital.

Haverfordwest.

HAVERFORDWEST is not rich in public institutions nor in amusements for passing the time, hence it came about that our Commissioner found himself one day asking permission of the master to visit the union under his care. As the house stands close to the town and occupies a commanding position, it must be familiar to all acquainted with the locality. On one side there is a beautiful view over the river, with a wide expanse of country beyond, and if lovely scenery be a joy to the old who are resting on the bank of the dark river waiting their turn to cross, the aged paupers of the Haverfordwest workhouse are to be envied for their privileges in this respect. But our representative left the beauty outside, and as he went from room to room he was pained to think that quarters so dreary and desolate should be deemed sufficient for the aged, the sick, and the little children. The sick, that is, those paupers who are placed in the infirmary, are lying on plank beds, with chaff mattresses about three inches thick between their weary bodies and the hard uneven planks. One paralysed woman had a spring bed with the chaff mattress over the springs; there was also a case of rheumatism, a man with a bad leg, and some cases of senile debility; some idiots and imbeciles shared the wards with these patients. The infants occupy a dark stonepaved room, bare of furniture, with no rug for the babies to crawl or lie upon, and no responsible person to see to their feeding or their cleanliness. The infants are in charge of their mothers, and theoretically a mother ought to be her child's best guardian; but the theory does not hold good in practice here, in the case of these poor women and their children, who are nearly all illegitimate. There were about six infants in this "nursery" when our Commissioner went round the building; the sight of the uncared-for little ones was enough to make anyone's heart ache. One poor child in a cradle looked very sickly and wanted skilled attention; not one of them had the child-like look; there was no happiness, no brightness on their faces, no life nor vitality in their movements. The same dreariness and absence of the simplest comforts reigned throughout the building; no means of bathing, no lights among the sick at night, no provision for attendance at night other than one sick pauper could render to another, no cheerful rooms for use by day when the aged were able to leave their beds, no gardens or courts for them to sun themselves in. Is this all that Haverfordwest can do for the aged, the sick, and the infants? Picture a long dark winter's night in the unlighted ward, on the comfortless bed, the wearied occupant unable to change from one position to another, no ready hand to give the welcome or turn the pillow, no one to help in or out of bed—helplessness intensified and embittered by the know-

ledge that it must be endured. What have they done to deserve so cruel a fate? Will not the ratepayers see for themselves and demand that this state of things shall last no longer? The sick, the aged, and the infants ask our help, be they paupers or princes. It seems almost hopeless to recommend any changes which would cure existing evils. A new infirmary should be built, with modern appliances. With the new building should come the trained nurse; she could hardly be found to work under the present rule, but if a pioneer could be discovered she could do much to ameliorate the condition of the sick, if given a free hand. Besides these, we would suggest a paid attendant to look after the infants; a new nursery with bathroom and lavatory accommodation; entire remodelling of the sanitary and drainage work; isolation and receiving wards to be built; means of communication at night with the responsible officials; and improved airing courts.

The Workhouse Infirmary at Bath.

IN another column we publish the report of our Commissioner on the workhouse infirmary at Bath, a report to which we would draw special attention because it illustrates the sort of nursing and the sort of appliances which guardians of a certain type—not, we fear, in Bath alone—are willing to accept as good enough for paupers even when sick and dying. There are many workhouses scattered over the country where things are bad enough, but bad from ignorance rather than from malice, where evils exist because they always have existed, and because no one has awakened to their cruelty or the necessity of reform. In Bath, however, the matter is different: for fifteen months the truth has been preached to the guardians by their medical officer, Mr. Craddock; the attention of the board has been repeatedly drawn by certain of its members to the necessity of improving the nursing staff, and one member is stated to have resigned because he was dissatisfied with the nursing. Ignorance, then, cannot be pleaded; the policy which has been persisted in has been adopted in full knowledge and in cold blood.

Now for an example of the outcome of this policy. Here we have an infirmary licensed for 230 beds, and at times so full that it is difficult to know where to place another patient, and yet so unprovided with the necessary appliances for the nursing of the sick that there is not even any hot water laid on to any of the wards. "Every drop of hot water for the infirmary use has to be carried from a boiler across a courtand no hot water is procurable at night except by boiling a kettle," which in hot weather is equivalent to saying that no hot water at all is procurable at night. Let us make no mistake about the meaning of this. We are not here talking about a little sick ward attached to a small workhouse, nor of a place for old people who are merely feeble, but of an infirmary for the treatment of the sick alone, an infirmary with more beds than either Charing Cross, Westminster, King's College, or University College Hospital, and yet without a drop of hot water laid on. This is a detail which must be insisted on because we find at Bath men on the board of guardians who, with this fact staring them in the face, are still satisfied with their infirmary, who maintain that it will compare favourably with other institutions, and look upon it as altogether good enough for paupers.

Of course the defence always set up is that the cases treated are not comparable with those in a general hospital. Perhaps so; still they are all ill, and surely they all require washing. As a fact, however, on the occasion of our Commissioner's visit, one patient in every three was so ill as to be confined to bed, and in a report of the medical officer read at a meeting of the guardians on May 23rd it was stated that there were then 207 patients in the infirmary, and that among them were 4 cases of pneumonia, 4 very bad cases of phthisis, 7 of heart disease, and 16 dirty cases. Again, in a letter to the guardians dated June 11th it is stated that on June 5th there were 25 cases of high temperature, including 5 of pneumonia. Surely such a list indicates a large proportion of acute disease, and emphasises the necessity of having proper appliances for its treatment.

This brings us to the next question, the one in which we are more particularly interested, namely, the nursing of the patients; and here, again, we must grasp the size of the institution, with its 230 beds in 16 wards, scattered over three different floors, thoroughly to appreciate the fact that the guardians have till now been content to employ only one certificated nurse during the day, and no nurse at all, either certificated or not, at night; for we entirely decline to descend to the Bath level and accept as "nursing" the attention of pauper wardswomen, of which the public has lately heard so much at Newton Abbot. We shall be told no doubt that the nurse has three paid assistants, or we may even be entertained with the misleading fiction that there are four paid nurses in the Bath Infirmary, but these other people, however good their intentions may be, are not trained nurses; one of them has been a year and nine months in the infirmary, where she has picked up what she could, but she is still hardly 21 years old; another when engaged had been for four years in a house of business, but before that had acted for a year and a-half as assistant nurse in some infirmary; the third is a girl of 17, who was not engaged as a nurse at all, but was drafted into the infirmary in an emergency, to look after the children and make herself generally useful. However willing these people may be, they are not trained nurses in the ordinary or in any true sense of the term, and we cannot but express our surprise that a committee of guardians should, in a published report, have committed themselves to the statement that there are four paid nurses in the infirmary, knowing, as they must have done, that the statement was untrue; that this girl of 17 was not a nurse, and that her employment in the infirmary had not been sanctioned by the Local Government Board. We come back, then, to the fact that this large institution, with its more than 200 patients, has one trained nurse with three unqualified assistants. This for the day; about the night, unfortunately, there is no question or dispute; then there is no nursing at all, and no bells by which the nurses can be called. The thing is too horrible, but it is true, and, strange to say, it is defended by some of the Bath guardians, a committee appointed to investigate the matter reporting, only on June 20th, that they "cannot recommend that any addition be made to the present nursing staff of the infirmary." They quote in support of their contention the unpleasant fact that there are other infirmaries in even worse plight,

Bristol having two paid nurses to 132 patients, and Bedminster two to 128.

It would take too long to go into the other points brought before us in our investigations—the poultice left on for twenty hours, the nephritis case placed between cold sheets after a hot bath, the narrow hard bedsteads, the poor thin beds, the small allowance of towels, the one comb for a ward, the bullying of the children, the insufficient accommodation for lying-in women, the absence of a labour ward, the accouchement of women in the general ward, etc. Pages might be written, but we content ourselves with insisting on the two salient points we have brought forward, and assert that guardians who are satisfied to run a hospital of 230 beds without hot water and only one trained nurse, are either absolutely ignorant of the duties they so lightly undertake and so slothfully perform, or culpably indifferent to the sufferings of those entrusted to their care. We fear the latter. So impressed were we with the gravity of the condition brought to light by the report of our Commissioner, that we sent down a representative, asking him to go again over the points which had been raised, and to ascertain how far they might be compatible with any more charitable view. We regret, however, that this gentleman, although armed with a permit from the vice-chairman of the general purposes committee, was absolutely refused admission by the master. Yet we find that among the by-laws approved by the Board of Guardians of the Bath Union is one containing the following provision:—"The Master of the workhouse shall admit any member of this Board, or such person as any member may by writing recommend, to visit the workhouse at all reasonable hours."

For the present there the matter stands. We think it probable, however, that the public hardly realises the completeness with which the inmates of a workhouse are placed in the power and subjected to the caprices of a workhouse master. We all know the common uneducated type of man to be found in this office in so many places; his mind stored, for the confounding of newly-elected guardians, with rules, by-laws, and regulations, his heart hardened by long contact with a system under which deceit is the only means by which relaxation of rules can be obtained. What the public should take well to heart is that between the meetings of the board such men are absolute masters over the workhouses and all their inmates; no outsider can get in, and loud indeed must be the complaint that can get out. What we want is a larger leaven of just men—or, better still, of true-hearted women—who will join the boards of guardians, will visit at all hours (as guardians alone have the power of doing), will watch and investigate every detail, and freely publish everything they see. Until we can get medical men and trained nurses as inspectors of workhouse infirmaries, publicity is the pauper's one protection and the press is the poor man's real guardian. This was the story of the reform of the metropolitan workhouse infirmaries by Mr. Ernest Hart and Dr. Rogers. The Poor-law inspectors were among the most astonished men ever seen. They had no idea of what was going on under their eyes and noses. They were then as they evidently now are well-intentioned but technically uninformed, and they need to be inspected and probably for these purposes reformed altogether. If the public

once understood and believed, the present system could not continue for a moment; but people do not see and do not believe, trusting as they do to a system of official inspection so organised as to whitewash places such as Brentwood and Newton Abbot, an inspection which looks at books and regulations instead of beds and patients, and cries, "Peace, peace, where there is no peace."

The Bath Workhouse Infirmary.

THE report of the Local Government Board regarding the Workhouse Infirmary at Bath has been received by the guardians, and however unsatisfactory it may be to the public to be assured, on official authority, of the existence of such a state of affairs as is therein described, this lesson, at any rate, will be taught by it, namely, that the reports of our Commission on the Nursing and Administration of Provincial Workhouses and Infirmarys are absolutely reliable.

As it was at Newton Abbot, so it is at Bath; an official inspection, made with the eyes of the world upon it, is constrained to admit the truth of the charges we have brought forward. We said that there was "no nurse at all, either certificated or not, at night, for we entirely decline to descend to the Bath level, and accept as 'nursing' the attention of pauper wardswomen." The report says: "There are no night nurses." We said: "To speak accurately, there is no system of nursing;" drawing attention to the inadequate number of the nurses, to the fact that only one of them was certificated, and that pauper help was largely used. We also said there was "no guarantee that the extras ordered were given in the night, nor could there be any systematic feeding."

The report says: "The day nursing staff is sufficient. The nurses delegate too many duties connected with the care of the sick to the ward assistants, who are incapable of understanding even the common rudiments of sick nursing. As a natural sequence at night, poulticing where required, care and cleanliness of the helpless and bedridden, and the administration of food and medicine to acute cases in stated quantities at stated times, are entirely neglected. Bedridden cases were not sufficiently well cared for, and where beds were wet and dirty the draw sheets were not changed sufficiently often."

We urged that the nursing and other appliances were on a "meagre scale," and drew special attention to the poorness of the beds and the lack of towels, combs, brushes, etc. The report says: "The macintoshes are of poor quality, and not waterproof. There is not a sufficiency of movable washing basins, towels, brushes, and combs in any of the wards. There are no movable baths for the use of the bedridden cases: there should be one on each floor (male and female sides) where there are bedridden cases." "In my opinion spring mattress bedsteads should be universally adopted in the sick wards. There is not a sufficiency of cupboards, especially on the female side, in which to keep crockery ware, which at present is frequently kept on the stairs or in other unsuitable places. There are no cupboards in which the patients' medicines, lotions, etc., could be kept

under lock and key, and only administered under the direct supervision of a trained nurse."

All that we said about the necessity for and the absence of hot water is entirely confirmed. "There is no hot water laid on to any of the bathrooms in the sick ward; it has all to be carried from the 'copper' house on the ground floor. In my opinion, the guardians will be well advised if they at once lay on a hot water supply to all the wards."

We said: "The wards on the ground floor are dark and squalid in appearance." The report says: "The wards, generally speaking, were ill kept and dirty, particularly on the male side. Most of the sick wards are wanting in that bright and cheery appearance which adds so much to the comfort and convalescence of the sick.....In nearly all the wards the windows are too high from the floor and too small. Most of the wards require cleaning and repainting."

We complained that there was no labour ward, and that when, as lately happened, several women were in labour at the same time, some were confined in the general ward. The report says: "The midwifery ward is most unsatisfactory in all respects. There is no labour ward. There should be a labour ward and a lying-in ward entirely separate, neither of which should be used for any ordinary sick cases. The nurse in charge of these wards should not by any chance have charge of or attend upon any surgical, infectious, or contagious disease."

The interest now centres in the action of the Bath guardians, who have appointed a committee to consider the matter. The chairman is reported to have said that the report "covered a good deal of ground, but it only consisted of recommendations at present;" but surely the guardians must see that it also lays bare an untold amount of human suffering for which they are directly responsible. It has been owing to their action that the sick have been left at night to the care of pauper helps, the nursing of acute cases being handed over to attendants only a few degrees removed in helplessness from the patients so recklessly placed under their care, that the nursing appliances have been defective, that even the means of securing ordinary cleanliness have been insufficient, that the wards were "ill-kept and dirty," that the bath rooms were without hot water, and that there was no labour ward, women having at times to be confined in the general wards, and that even in the daytime the nursing staff was not nearly large enough for the work they had to do. But the ratepayers of Bath must not forget that it is owing to their own action that such guardians have been elected and kept in office. On them lies the ultimate responsibility. Every day that the wards are without an efficient and sufficient staff of nurses, every day that patients with pneumonia, dropsy, heart disease, bronchitis, etc., are ministered to by ancient paupers, every night that the helpless are uncared for, the wet cases unchanged, the children untended—the sin lies at the door of the ratepayers. Let them once understand their responsibility and we believe they will refuse any longer to be party to, or even to tolerate such cruelty in their midst.

In the official letter accompanying the report, the Local Government Board said: "The conclusion at which Dr. Fuller arrived is that the nursing staff at the workhouse

should consist of a superintendent nurse and a minimum number of eight nurses, one of whom should be fully certified in midwifery, two of the nurses acting as night nurses. The Board fully concur in the view that the nursing staff should be increased as Dr. Fuller suggests."

This is just what we ask for. If once there is a superintendent nurse, responsible not to the master but to the guardians, with a proper staff of nurses under her, the rest will follow.

Bishop Auckland.

It will be seen from the report of our Commissioner's visit to the workhouse in Bishop Auckland that another instance has been brought to light of the very inefficient staff that is provided for the nursing of the sick. Here is an infirmary for the reception of 115 patients, having an average of about seventy constantly in the wards, and there is one trained nurse in charge of the whole building, with the responsibility of the midwifery cases on her shoulders. There is no night nurse, not even that makeshift for night nursing—a staff of wide-awake paupers ready to assist any bedridden patient. Bishop Auckland has no hospital, so that, as a matter of fact, all the poor, when acutely ill, would come into the infirmary, and operations must be undertaken and carried through with this staff. The report of the visit gives a pleasant account of the attempt that is made to make the wards as homelike as possible, and there is a picture of one ward that was more like an almshouse than a ward, the matron having allowed its inmates to brighten it with their own possessions. It is sad to turn from this bright spot to another ward where a man is lying in a dying condition suffering from dropsy, his only nurses practically being the pauper inmates around him, one of whom is the wardman; contrast what would be the circumstances surrounding that dying man if fate had placed him in a hospital instead of the workhouse ward, and then try to find an answer to the question, Why is the contrast so sharp? Our Commissioner evidently admired the tone of kindness and thoughtfulness that characterised the officers of the workhouse, but no amount of kindness can take the place of that skilled nursing which is the right of the sick, whether in a palace or a workhouse. The number of sick in bed at the time of visit was about twenty; many of these needed nursing. A case of fistula, one with phthisis, another with heart disease, paralysis in its various phases, and the usual sprinkling of bedridden cases, were all left at night to the casual help of their ward companions. There was no classification, the wards held a large number of imbeciles and idiots, many of these being quite too imbecile to be of any service in the house; the lock cases are kept in separate wards attached to the infirmary. The dayroom accommodation being inadequate, the larger wards on the first floor on the men's side were used as dayrooms, wherein the inmates smoked, ate, and amused themselves, as well as for sleeping; in one of these the dying patient above referred to was lying. Our Commissioner notices that the drainage was being relaid, and that the closets were being fitted with modern appliances; all the airing courts were upset by these works. A ladies' committee is appointed to visit this house.

Chester.

THE reported proceedings at an inquest held on a pauper who met his death in the infirmary attached to the workhouse in Chester points to the usual lack of efficient nursing during the night; and when the evidence is read in the light of our Commissioner's visit to that infirmary, reported in another column, the possibility of a recurrence of the catastrophe is made clear. Our representative speaks of the kindness that is shown to the sick inmates; but when we read of one trained nurse being on duty in the night, and that the conditions of her work are that she is responsible for 160 beds distributed in two blocks "quite apart," the wonder is not that there is one inquest to be held, but that these casualties do not occur more frequently. The nurse's assistants are pauper inmates, who help the infirm and helpless patients, who make their beds, wash the patient or superintend the washing, and, if we read the report of the inquest aright, exercise some corrective control over the hapless patient whose infirmity has necessitated the cleaning of a bed. In the absence of the nurse in the other block the ward helper is practically master of the situation, the only corrective to his power being the chance that a patient with more courage than his fellows will tell the truth. If the truth is established it is well, but if the patient fails to substantiate his tale he may be exposed to the revenge of a tyrant. Is this what happened on that morning when the poor man was found with his ribs broken, and there was the story of a scuffle between the patient and the wardsman? In the daytime our Commissioner found that there was a trained nurse on duty in each block, and that the beds under her care numbered over eighty when full, and taking one-third of this number away (when the infirmary is light), we have fifty-five left to be nursed by the nurse. It will be observed in reading the report that there was a certain number among the patients scattered through the wards whose illnesses required skilled nursing; and when we add the helpless patients who are as children in their condition, we can form some estimate of the amount of nursing that each patient would receive. The block wherein the lock and itch cases were located seemed to be left to look after itself—we mean in the way of nursing—and our Commissioner saw a child with the rash of measles fully out dressed and being dandled by its mother, who was its nurse, without any precautions being taken to protect it from chill. That child may develop some chest or abdominal complication that may cling to it for life as the result of that neglect, and if it grows up, its earning powers being crippled for want of proper nursing through the measles, it may become a permanent charge on the rates. This makeshift nursing is a good forcing house wherein to cultivate paupers. We trust that this sad death may stir up the ratepayers to provide efficient nursing for the sick committed to their care.

Aberystwith.

THIS little seaside town boasts a clean, airy, and comfortable workhouse, which stands in a well kept garden, giving a refined appearance to the institution. Encouraged by these outward signs our Commissioner rang, and asked to see the in-

side of the house, and the matron courteously assented. The inside did not belie the outside, the inmates appeared to be humanely treated, their needs being thoughtfully cared for. This was especially the case in the sick department, where we found a pleasant-looking nurse, seemingly on the best of terms with her patients. The wards, properly so called, are on the first floor; they are too crowded, particularly on the women's side, where a passage has been taken off by means of a low partition. There were only a few patients in when we went round, but when the seven beds are all filled the amount of air space must be below the proper quantity per patient. On the ground floor we found the infirm old people: they were sitting in their bright day rooms, which gave easy access to the airing courts; these are, however, nothing but a back yard. Is it not possible to make these airing courts more like a garden, a place of recreation where the men may sit and smoke, and the women do their knitting, with bright flowers, trees, or grass to gladden their eyes? There was the usual sprinkling of imbeciles among the inmates, and we were surprised to see how little means there appeared to be of controlling these irresponsible beings. We understood that it was mainly on their account that the inmates generally had to be confined to the airing courts instead of being permitted to enter the gardens. One woman with a roving tendency wandered off towards the gardens while we were in the court; she was promptly brought back, but it seemed that the want of classification among the inmates of the house must hamper its efficiency. Still with these defects the house contrasted favourably with others seen, and doubtless the Board of Guardians are doing their best to provide more accommodation, and to establish a better classification. The impression left was one of satisfaction at seeing the pleasant quarters provided for the sick; but we would recommend that the partition in the women's ward be removed—it hardly seemed necessary; that bath rooms be attached to the sick department; that more efficient means be provided for controlling the imbeciles, either by placing them in separate wards, or by the employment of a paid attendant; improved airing courts for the infirm; day rooms for the infirm; employment of trained nurses for the care of fever or lock cases.

Wrexham.

THE large building on the other side of the level crossing is the workhouse, and one morning, armed with an introduction from Dr. Davis, we asked permission to see the inside of it. We were welcomed by the master and matron, the latter kindly conducting us round. Our interest lay chiefly with the sick and infirm, and we asked to be taken to the infirmary first. This is a separate block; the wards are on the ground, first, and second floors, well lit with windows on each side, and the ample supply of light and air gives a most cheerful aspect to the wards. The infirm patients are on the top floor, the sick on the first, and the imbeciles and those subject to fits on the ground floor, where also we saw the nursery department. The wards were bright with plants, pictures, and sunshine; matting was laid down along the middle of the floor, the old people were grouped around the fires, and they appeared contented and happy and on

good terms with their officers. We thought a few more armchairs and a couch or so would add to the comfort of the wards, for this is the only room in which the old people spend day and night; their feeble bodies must feel weary of sitting up all day, and lying on the beds is not to be recommended. We should also recommend an increase of the nursing staff, especially at night; two responsible nurses for 126 patients, not counting isolation wards, must mean a large proportion of pauper help, which is not nursing; and it is sad to think of these old people, many of them helpless, with no responsible officer to look after them at night. Any accident might happen; an old person might roll out of bed, or, having got out of bed, fail to get back, or become worse at night, the only immediate help being that of an inmate sleeping in the same ward. It is sailing very near the wind to remain satisfied with such a state of things; it seems a pity to wait for a catastrophe before setting it to rights. The outdoor recreation provided for these infirm patients is very meagre. We should like to picture them sitting in sunny spots, in sight of flowers and grass. They have in reality dreary back yards, with a few bushes or perhaps turf—enclosed and gloomy places—for their recreation grounds. The house is so well to the front in the provision made for the care of the children that we hope that more liberality will be shown to the sick. It is money well spent, for efficient nursing means quick recovery, to the relief of the ratepayers, of many who would otherwise become chronic invalids. The tone of the house is clearly that the utmost should be done for the inmates within the limits imposed by circumstances, but it seems to have been overlooked that the sick have to be nursed, as well as sheltered and visited by the doctor. If this necessity comes to be recognised this infirmary may be made a complete little hospital for the treatment of the sick, and for the instruction of nurses in workhouse nursing.

Darlington.

OUR Commission on the occasion of a recent visit to this workhouse infirmary had the advantage of the escort of one of the ladies on the Visiting Committee, whose quiet work has done so much for the improvement of the sick wards in those details where a woman's eye and training enable her to advise. The infirmary buildings are well planned and suitable for their work; the wards are large and airy, well lighted, and with cross ventilation; they look cheerful with flowers, plants, pictures—may we conclude that we there see the hands of the ladies' committee? There were not many sick in bed, this being the slack time in the infirmary. There was a poor little child with gangrene of its legs, that was the most serious case that we saw; another with consumption; a case of senile debility; and two men with ulcerated legs; the other patients were in the day rooms attached to the wards. In all there were about fifty beds in this department, for which only one nurse is provided, and she has the midwifery also on her hands, so that these hands must be pretty full. Wardswomen or men are the only people in the wards at night to attend to the helpless patients; officers they are not, for an inmate can never be an officer, nor can they be held responsible.

The nurse is fully trained, but no amount of training can enable a nurse to be in two places at once, or give her the physical ability to work by day and night. It is disappointing to find that the efficient appointments of the building were not supplemented by an adequate nursing staff. The various wards contain a good sprinkling of imbeciles and idiots among the other patients, for whom there seemed to be no special provision; certainly they were quiet and well behaved at the time of the visit, but as some of them had fits, and some were loquacious, they are hardly fit company for the sick. In the "isolation hospital," which is a little hospital quite apart, there was a tramp infected with the itch, who appeared to be his own attendant, as he was at some distance from the infirmary, where was the nurse who is responsible for him. Fortunately he accepted the situation quietly. This hospital is the only one available for the separation of any offensive case, but the master stated that it was condemned. There is no separate ward for the children, the little patient above referred to being in the women's ward. This, surely, is objectionable. The nursery arrangements were in the hands of a pauper, and, from the look on the infants' faces, the amount of care given to them might be increased. We would ask the ladies' committee to see if they cannot do something for the babes. There is so much to admire in this infirmary, compared with others of the same size, that we should like to see the human machinery, upon which, after all, the efficiency rests, brought up to the necessary standard.

Wakefield.

OUR Commissioner's report of the visit to Wakefield Union Infirmary gives a picture of humane and thoughtful management on the part of the officials, and in some of its appliances, such as the screens and the children's ward, it compares favourably with other workhouses. This report appears in another column of the *BRITISH MEDICAL JOURNAL*, and it tells of comfortable wards with groups of patients seated in their cushioned armchairs round the fire or at the windows. From the nature of the work that is done in that infirmary—a patient recovering from an acute attack of pleurisy, a case of advanced phthisis, patients crippled with rheumatism or suffering from some form of heart disease, ulcerated legs, and many cases of infirmity—we can estimate with a fair amount of accuracy the nursing that is requisite in the infirmary, especially in the winter, when poverty and cold weather fill the wards. At this time of year (June) the workhouses are at their lowest, and yet there is plenty of nursing for the two nurses, who are responsible between them for 130 beds. Our Commissioner finds a block containing 40 beds set apart for the reception of the offensive cases—patients who, from the nature of their infirmities, are as helpless as children, and whose sad condition asks for pity and consideration at the hands of the officials. The bedding on which they lie is insufficient for comfort, the mattresses too thin, and though the bedding is warm it all looks neglected, giving an idea of patients in disgrace. These helpless bedridden old folk are left at night without any attendant, and there is only one nurse by day with her pauper assistants; in the nature of things there

cannot be that scrupulous cleanliness that such work demands, and it needs no stretch of imagination to picture the state of that ward during the night. Until the present time there has been no night nurse up in any part of the infirmary; such actual nursing as the sick required has been done by the nurse or the inmates appointed to watch beside a critical case. The labour ward is in the house, and when the nurse's services are called for by a confinement case we read that her practice is to call up a man and a woman, who are to perambulate the wards during her absence. We are not informed what they are to do if a patient is dying or in immediate need of her care; one or the other, the confinement or the patient, will have to suffer. We can only say that we are surprised that some tragedy has not happened to show the hollowness of such nursing; it is due to good fortune, and not good management. We are glad to read that the guardians are purposing the building of a new infirmary; in that case doubtless these deficiencies in the nursing will be remedied, and we trust that these remarks, which are made in no captious spirit, will serve as suggestions as to the particular direction in which improvements are most needed.

Workhouse Nursing.

DR. MILSOM RHODES, Chairman of the Chorlton Board of Guardians, writes to us drawing attention to the strange fact that "notwithstanding all that was done by Mr. Ernest Hart in 1865 to demonstrate the condition of the London workhouse infirmaries, the results of that inquiry have had so little influence on country workhouses that it is still possible to make the revelations regarding country infirmaries which the BRITISH MEDICAL JOURNAL is publishing from week to week." He points out, however, that the blame should not be laid upon the Local Government Board so much as upon the guardians, for the inspectors have great difficulties to deal with. He says, "I know of a case approaching, if not quite so bad as those described in your columns; and although the medical, general, and architectural inspectors have done all that could be done to convince the members of the board of the insanitary and disgraceful state of the workhouse, it has taken several years to induce them to buy the necessary land for a new one." Not that he would blame the guardians too much, for many of them are to some extent to be pitied, having been placed in administrative positions for which they do not possess the necessary qualifications. He does not wonder at boards of guardians not possessing more first-class men, seeing the very meagre recognition which they as a class have received from any Government. He entirely deprecates the idea of any commission sitting in London to investigate the matter, but thinks a small commission, partly of local selection, sitting in each county, might be of service, especially if the press were admitted to their conferences.

A Further Infirmary Scausal.

THE importance and public value of reports on the nursing and administration of provincial workhouses and infirmaries are being collaterally justified by such oc-

currences as that which recently took place in Oldham. An inquest was held on a man who had jumped through a window on the third storey, and received injuries from which he died, shortly after. Strong comments were made at this inquest on the nursing arrangements, there being only one night nurse to three blocks of buildings, containing over 200 patients. The same day (at night) on which the injured man died the night nurse unfortunately gave a teaspoonful of atropine solution in mistake for whisky. The doctor had informed the coroner that the patient was suffering from heart disease and general dropsy, and would probably soon have died; and he had also stated that the nurse was much distressed and harassed in consequence of the suicide of one of the patients under her charge. After evidence of identification, the nurse, who was much affected, gave evidence, and stated that at midnight on Wednesday she was sent for to attend to the deceased, who was taken worse. Whisky had been prescribed for her, and it was kept in a bottle in the cupboard, where there was a bottle containing atropine. The bottles were of similar shape, and she gave what she thought was a teaspoonful of whisky. She found the mistake out after going off duty, through the day nurse coming to her. She knew that poisons were kept in this cupboard, but she had not been herself since the suicide case occurred, and on Wednesday she felt very unwell. She had no sleep that day, and had no extra assistance at night. Her hours were from 8 at night to 8 in the morning, except on Sundays, when they were from 10 to 8. The coroner thought that although the nurse was responsible, it was a case of error of judgment, and that a verdict of death by misadventure would be the right one. He said a matter which must have struck the jury was that a deadly poison like atropine should have been placed in a bottle similar to that containing whisky, and in the same cupboard. It was usual in infirmaries to have poisons in bottles thoroughly dissimilar from those containing medicines for internal administrations, and it was curious this was not done in this case. When they considered that one professional nurse had charge of three blocks of buildings with over 200 beds, with no assistance beyond that supplied by such weakly invalids as they had seen at the previous inquest, he thought they could not hold the nurse responsible for such mistakes and accidents. The only surprising thing was that more accidents than they knew of had not happened. The chairman of the board of guardians said that the nursing staff had been doubled within the last five years. The coroner said that was a step in the right direction, but further development was necessary. They could not expect any overworked nurse to do her duty. After further remarks the jury returned a verdict of "Death from Misadventure," with a recommendation that in future poisons should not be kept in bottles similar to those containing medicines for internal administration, and they also recommended the guardians to increase the nursing staff for night work.

INSPECTION OF WORKHOUSES.

SIR.—May I add one suggestion to your article on this subject, as I have for some years urged its importance? It is

that women are as urgently required as inspectors as guardians, and I think that recent events in various places must have confirmed all such convictions in practical minds. Unless inspectors are either medical men or trained nurses, how can they perceive the needs and defects of sick wards, for which surely an acquaintance with hospitals must be essential? Then women as inspectors of schools would be able to gain the confidence of children, and examine their bodily condition in an efficient manner that must be impossible for men to carry out. Women of refinement and education should also be engaged in the work of superintending all the larger Poor-law schools, if in no lower positions, and I am thankful to find that at least some such persons are beginning to entertain the desire to offer themselves for the work. It is surprising that these ideas have grown so slowly in official minds.—I am, etc.,

Tunbridge Wells, July 5th.

LOUISA TWINING.

COMMENTS AND CONCLUSIONS FROM THE PRESS.

I.

Provincial Workhouses and Infirmaries.

(From the *Times*.)

THE BRITISH MEDICAL JOURNAL has commenced the publication of a series of special reports on the nursing and administration of provincial workhouses and infirmaries. The first of the series sets forth that in 1865 Mr. Ernest Hart, and subsequently Dr. Anstie and Dr. Rogers as his colleagues, initiated an investigation into the condition of the sick poor in the metropolitan workhouse infirmaries on behalf of a great medical journal. The Workhouse Infirmaries Reform Association was soon after founded by the same gentlemen. The labours of this committee aroused the utmost interest, whilst at the same time it horrified by tale after tale of the greatest neglect, ignorance, and stupidity in the treatment of the sick, and of the total absence of anything like intelligence in their management. As the result of the labours of the association three public inquiries were carried on at as many London workhouses, Mr. Ernest Hart acting as public prosecutor, and deputations and public meetings were organised, the result of which was the introduction of a Bill drafted by Mr. Gathorne-Hardy, the then President of the Poor Law Board, which is the origin of all the improvements that have been made in the metropolitan infirmaries. It provided for the erection of separate buildings for the reception of the sick, and ordered the classification of the sick in wards apart from the lunatics, imbeciles, able-bodied, or infectious patients. Twenty-four sick asylums of the metropolis, which vie in fitness of appointment and in the necessary machinery with many of the voluntary hospitals, are the result of that Bill. But the bulk of the country workhouses in the more remote districts has been left untouched. Much has been done in those large centres of population that resemble London in their circumstances to bring the infirmaries up to date, but of the conditions of the sick poor in the country we are comparatively

ignorant. The public conscience has recently received another shock from the revelations of the management of a country workhouse as the result of an inquiry held by the Local Government Board. The state of affairs therein disclosed differs in no particular from that found in many of the metropolitan infirmaries when Mr. Hart and his colleagues made their round. The second article gives an account of the workhouse infirmary at Hatfield, pointing out various deficiencies and making a number of recommendations.

II.

The Bath Workhouse.

(From the *Bath Herald*.)

It almost requires an apology to venture again on the subject of the workhouse and its nursing arrangements. I hear a story, however, which deserves repetition. On Tuesday a lady was sent down by the *BRITISH MEDICAL JOURNAL* to visit the infirmary at the workhouse, in connection with a series of investigations being made by that paper into the state of the infirmaries in workhouses generally throughout the country. This lady's report was, it would appear, anything but satisfactory, for yesterday the Editor sent down a member of his own staff—a fully qualified medical man—to make a further investigation. He journeyed to Odd Down armed with a card from one of the guardians, which was duly presented, but to no purpose, and I understand that the Editor of the *BRITISH MEDICAL JOURNAL* will lay the matter before the Local Government Board in order to obtain a permit to visit the house.

III.

Lot of the Sick Poor.

(From the *Morning Leader*.)

THE condition of the sick poor in provincial workhouses is receiving attention at the hands of a special commissioner of the *BRITISH MEDICAL JOURNAL*. The town noticed this week is Haverfordwest. The paper says: The sick—that is, those paupers who are placed in the infirmary—are lying on plank beds, with chaff mattresses about 3 inches thick between their weary bodies and the hard uneven planks. One paralysed woman had a spring bed with the chaff mattress over the springs. There was also a case of rheumatism, a man with a bad leg, and some cases of senile debility; some idiots and imbeciles shared the wards with these patients. The infants occupy a dark stone-paved room, bare of furniture, with no rug for the babies to crawl or lie upon, and no responsible person to see to their feeding or their cleanliness. Dreariness and absence of the simplest comforts reigned throughout the building; no means of bathing, no lights among the sick at night, no provision for attendance at night other than one sick pauper could render to another, no cheerful rooms for use by day, when the aged were able to leave their beds, no gardens or courts for them to sun themselves in. Is this all Haverfordwest can do for the aged, the sick, and the infants? What have they done to deserve so cruel a fate?

IV.

(From the *Haverfordwest Telegraph*.)

YOU all know the old saying that if news is wanted you must seek it away from home. The truth of this was exemplified last Saturday when I read in the pages of the *BRITISH MEDICAL JOURNAL* the report of a Commissioner who had been visiting the sick poor in Haverfordwest Workhouse. The report will be found in another column of the *Telegraph*, and, I make no doubt, will open the eyes of many as to what is going on in the refuge of the homeless and helpless in our own union. I take it for granted that the Commissioner is a medical man who knew what he was writing about, and the responsibility attaching to his words, and I therefore presume that the picture he presents is an accurate reflection of the inside of the house. If it is, all I can say is that stigma attaches to the guardians of the poor in allowing such disgraceful state of affairs to exist. Personally I would not support the indolent, especially those who are young and able to work but what can be said of a system which allows old men and women, sick and miserable at their failure of success in the battle of life, being left to lay their weary bodies on plank beds, amidst dreary and desolate surroundings? What of the fact that idiots and imbeciles should be quartered in the same rooms with sick paupers who, despite all that they have lost, still retain their reason? The picture of the unlit ward, comfortless beds, and absence of attendants to change the wearied occupants from one position to another; helplessness intensified and embittered by the knowledge that it must be endured, is sickening to anyone with a heart other than a stone; and well may the leading medical journal ask what the aged, the sick, and the infants have done to deserve such a cruel fate. The disclosures have filled me with amazement, and I cannot but think that the Visiting Committee for the workhouse have either failed to carry out their duties, or else have walked about the cheerless, stony wards blind to the misery which must have been apparent.

V.

(From the *Milford Haven Telegraph*.)

MAY I request your insertion in your influential paper of the enclosed article from the *BRITISH MEDICAL JOURNAL* of May 30th, detailing the visit of their Commissioner to the Haverfordwest Workhouse, and what he saw there? I think it but right that every publicity should be given to his report, so that those whose business it is to see that the working of the institution is properly carried out may be in a position to disprove it if untrue; as, if true, that such a sad state of things should be at once seriously considered, and, as far as possible, reformation attempted.—E. PICTON PHILLIPS.

VI.

(From the *Bath Herald*.)

THROUGH the courtesy of the Editor of the *BRITISH MEDICAL JOURNAL* we were able to give in our evening editions on Thursday, July 5th, the report upon the nursing arrangements at the Bath Workhouse, and comments thereon, which

appeared in the issue of that JOURNAL published on July 6th. The report, it should be mentioned, is the sixth of a series on the nursing and administration of provincial workhouses and infirmaries which is being made by a Special Commission of the BRITISH MEDICAL JOURNAL. Both the report and the comments upon it are of such a serious nature that we print them *in extenso*.

VII.

(From the *St. James's Gazette*.)

THE BRITISH MEDICAL JOURNAL is publishing a series of reports on the system of nursing and administration of provincial workhouses and infirmaries. Mr. Ernest Hart and Dr. Rogers "worked" the metropolitan workhouse infirmaries years ago, but it is pretty evident, from the revelations made by the BRITISH MEDICAL JOURNAL's Commissioner, that there is a great deal yet to be done in waking up the provincial boards of guardians to their duty. It is the same tale everywhere of an insufficient supply of nurses—such as there are not even being properly trained, and of a scandalous want of all the decencies and ordinary requirements of hospitals for the sick. The latest workhouse examined is that at Bath. Here the deficiencies are such that for fifteen months the medical officer in charge has made expostulations without effect. The infirmary is licensed for 230 beds, and is always full; but there is not even a supply of hot water, and for the sixteen wards only one certified day nurse, and not one (certified or not) at night has been provided. It seems to be thought that a few pauper wardswomen by day can do all that is wanted for patients suffering from pneumonia, phthisis, cancer, or heart disease. We will not here go into the medical details given in the BRITISH MEDICAL JOURNAL, but there is one thing which the public ought to know, and which ought never to be tolerated, and that is that the provision for lying-in women in some infirmaries is so bad that their accouchement has frequently to take place in the general wards. One more thing. It seems that the "masters" of certain workhouses are still too often the bullying tyrants of whom we read in fiction. The amateur guardian is at the mercy of these officials. At this very workhouse at Bath, the representative of the BRITISH MEDICAL JOURNAL, who arrived with a permit from the vice-chairman of the board, was, on a final visit, refused admission by the master. Commenting upon this, our contemporary remarks as follows: "The official may have been within his rights, but we altogether decline to believe that a master of a workhouse would care to offer such a rebuff to a member of his board unless he was well assured that he had behind him the support of a predominant faction to whom the publication of the truth would be unwelcome. We think it probable, however, that the public hardly realises the completeness with which the inmates of a workhouse are placed in the power and subjected to the caprices of a workhouse master. We all know the common uneducated type of man to be found in this office in so many places—his mind stored, for the confounding of newly-elected guardians, with rules, by-laws, and regulations, his heart hardened by long contact with a system under which deceit is the only means by which relaxation of rules can be obtained. What the public should

take well to heart is that between the meetings of the board such men are absolute masters over the workhouses and all their inmates; no outsider can get in, and loud indeed must be the complaint that can get out. What we want is a larger leaven of just men—or better still, of true-hearted women—who will join the board of guardians, will visit at all hours (as guardians alone have the power of doing); will watch and investigate every detail, and freely publish everything they see. Until we can get medical men and trained nurses as inspectors of workhouses and infirmaries, publicity is the paupers' one protection, and the press is the poor man's real guardian."

VIII.

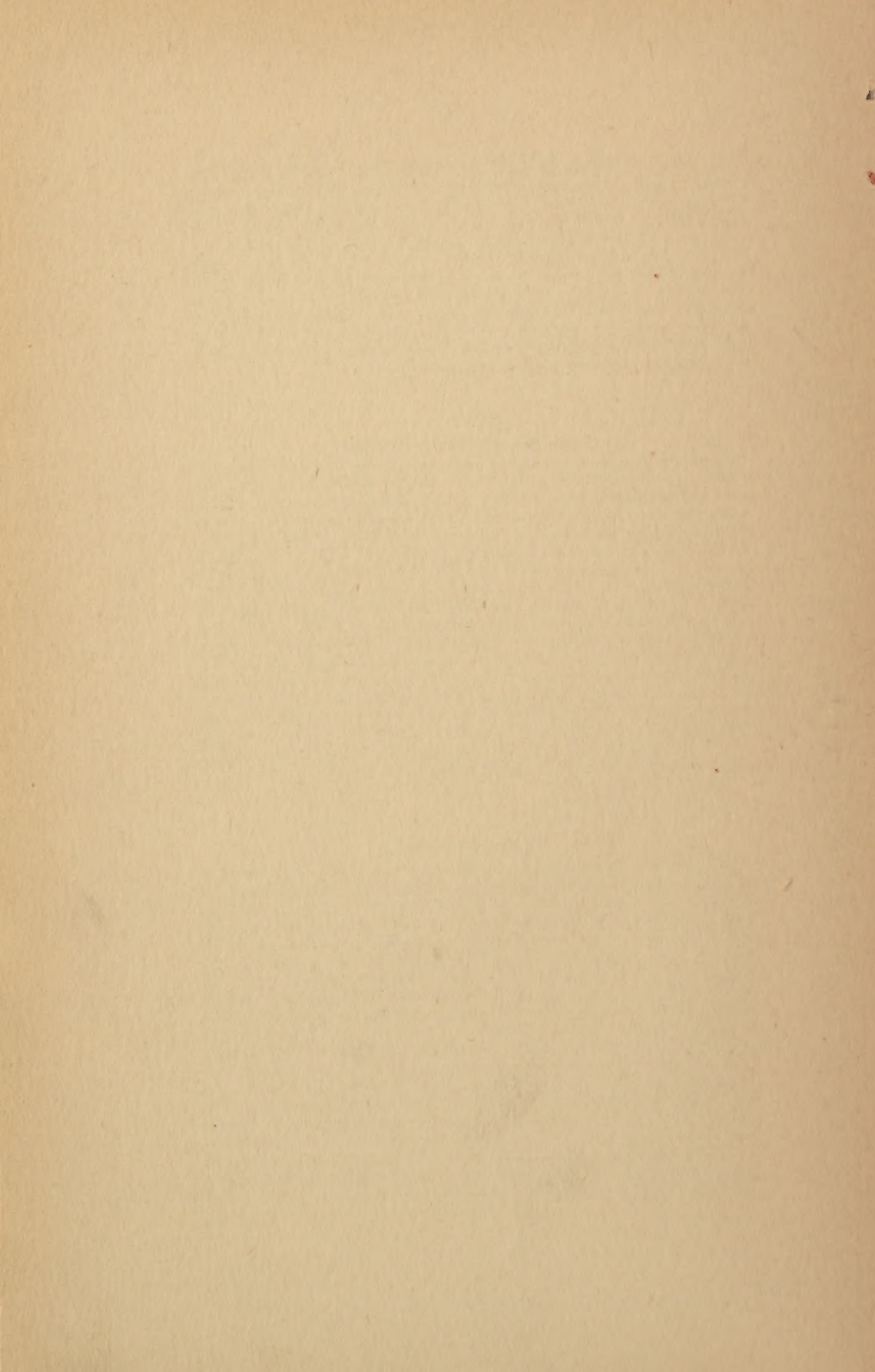
(From the *Yorkshire Herald*.)

THE condition of workhouse infirmaries is attracting a good deal of attention. The Special Commissioner employed by Mr. Ernest Hart has already made some statements which seem to require the attention of the authorities. The particular allegations in the case of the Bath Workhouse Infirmary may or may not be well founded. But it is easy to prove the inaccuracy such as that there is not a supply of hot water, or to show that it is not true that only a single certificated day nurse is provided for the sixteen wards. It cannot be expected that the patients in such an institution should enjoy every luxury or have a certificated day nurse in every ward, but they should receive adequate attention. If, as is affirmed, the master refused admission to the infirmary at Bath to a representative of the press who held a permit signed by the vice-chairman of the board of guardians, we imagine that the matter has to be merely brought before the board to ensure the official a reprimand—unless, of course, the latter is able to justify his action.

IX.

(From *The News*.)

THE BRITISH MEDICAL JOURNAL of July 12th publishes a series of reports on the system of nursing and administration of provincial workhouses and infirmaries. It is the same tale everywhere of an insufficient supply of nurses—such as there are not even being properly trained—and of a scandalous want of all the decencies and ordinary requirements of hospitals for the sick. The latest workhouse examined is that at Bath. Here the deficiencies are such that for fifteen months the medical officer in charge has made expostulations without effect. The infirmary is licensed for 230 beds, and is always full. But there is not even a supply of hot water; and for the sixteen wards only one certificated day nurse, and not one (certificated or not) at night has been provided. It seems to be thought that a few pauper wardswomen by day can do all that is wanted for patients suffering from pneumonia, phthisis, cancer, or heart disease. We need not go into the medical details, but some things recorded ought not for a moment to be tolerated by common humanity. What have the Bath authorities to say in reply?



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The Nurseries of Cholera: its Diffusion

and Extinction, with five double page Engravings. By ERNEST HART, D.O.L. London: SMITH, ELDER & Co. Price 2s.

Essays on State Medicine.

I. **Compulsory Vaccination and Small-Pox in Relation to Vaccination.** By ERNEST HART, D.O.L., Chairman of the Parliamentary Bill Committee of the British Medical Association. 8vo., 45 pp., with table, price 1s. SMITH, ELDER & Co. 15, Waterloo Place, S.W.

II. **Compulsory Notification in England and Wales in 1892.**

III. **State Aid in Relation to Port Cholera Expenses.** By ERNEST HART, D.O.L., Chairman of the Parliamentary Bill Committee of the British Medical Association. In one volume, 8vo., 60 pp., with chart and tables, price 1s. SMITH, ELDER & Co., 15, Waterloo Place, S.W.

** These two volumes are reprints, in a convenient form, of essays which were published in the *British Medical Journal*.

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The essay on Compulsory Notification deals with the records of the working of the Infectious Disease (Notification) Act during the year 1892. It contains numerous tables and charts illustrating the attack and death-rates, and a very full examination of the facts, and the conclusions to be deduced from them, with suggestions for amendments. The essay on State Aid in relation to Port Cholera Expenses is founded on statistical data, specially collected, and deals with the question on broad principles of public policy.

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